

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19178

1. PLACE OF DEATH

County St. Charles
Township Levy
City Plum Hill

Registration District No. 750
Primary Registration District No. 5999

File No.
Registered No. 91 St. Ward)

2. FULL NAME Dora Rethmick

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF <u>Henry Rethmick</u> | | |
| 6. DATE OF BIRTH (MONTH DAY AND YEAR) <u>Sept 23 - 1850</u> | | |
| 7. AGE YEARS <u>78</u> | MONTHS <u>7</u> | DAYS <u>19</u> |
| IF LESS than 1 day, hrs. or min. | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wentzville
(STATE OR COUNTRY)

| | |
|----------------|--|
| PARENTS | 10. NAME OF FATHER <u>Peter Rethmick</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY) <u>Germany</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Dickman</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY) <u>Germany</u> |

14. INFORMANT Peter Rethmick
(Address) Plum Hill, Mo.

15. FILED 5/13, 1929 J. M. Jenkins M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11, 19 29

17. I HEREBY CERTIFY, That I attended deceased from April 30, 19 29, to May 11, 19 29 that I last saw him alive on May 11, 19 29, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cellulitis of right forearm
152.B
136

CONTRIBUTORY Septicaemia
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. C. Shreve, M. D.
, 19 (Address) O. Fallon, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plum Hill **DATE OF BURIAL** May 13 1929

20. UNDERTAKER Wentzville
Wentzville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-1-262

Handwritten notes and markings, possibly including the word "MAY" and other illegible characters.