

MAR 25 1930

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

Do not use this space.

4518

1. PLACE OF DEATH

County DeKalb Registration District No. 1111  
Township Stewartville Primary Registration District No. 1111  
City Stewartville (No. 1) St. 2 Ward 2

2. FULL NAME

Dora Hamann  
(a) Residence No. 24 St. 24 Ward 2  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Hamann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1835

7. AGE YEARS MONTHS DAY If LESS than 1 day, .....hrs. or .....min.  
94 7 4

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housekeeping  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Henry Hamann (Address) Stewartville Missouri

15. FILED July 25 1930 R. E. Samuels REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 20 1929, to July 24 1930 that I last saw her alive on June 17 1929, and that death occurred, on the date stated above, at 6:45 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arteriosclerosis

97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 97 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical symptoms  
(Signed) R. E. Samuels M. D.

July 25, 1930 (Address) Stewartville 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 Maple Grove Cemetery DATE OF BURIAL Feb 25 1930

UNDERTAKER E. G. Lyon ADDRESS Stewartville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

31 10 235

