

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.

FE 27 1934

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

Do not use this space.

2109

1. PLACE OF DEATH

County Perry  
Township Chicago Home  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 659  
Primary Registration District No. 5876

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Longtown Mo St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin F. Wirth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 9 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Longtown Mo

13. NAME Herman Funke

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

15. MAIDEN NAME Elizabeth Wehs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo

17. INFORMANT Martin F. Wirth (ADDRESS) Longtown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Longtown Cem. DATE Jan. 30 1934

19. UNDERTAKER Young & Endress (ADDRESS) Perryville Mo

20. FILED Jan. 30 1934 Martin Moeckel Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25th, 1934, to Jan 28th, 1934  
I last saw her alive on Jan. 28th, 1934. Death is said to have occurred on the date stated above, at 3:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute dilatation Cardiac  
93C  
127B  
95B  
Other contributory causes of importance:  
Chronic Myocarditis  
Chronic Cholecystitis  
Date of onset 2 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Oliver A. Garrison, M. D.  
(Address) Perryville Mo

