

NOV 26 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

36949

1. PLACE OF DEATH

County Shelby
Township Ralls
City Wrensburg (No. _____) St. _____ Ward _____

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 111

2. FULL NAME

Wilma F. Deussen

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Eugene A. Deussen

I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1935 to Nov. 1, 1935
deceased alive on Nov. 1, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1916

to have occurred on the date stated above, at 2:25 Am.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
19 1 21

The principal cause of death and related causes of importance were as follows:

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

Gunshot wound
homicide
(Parties unknown)

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

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

Other contributory causes of importance: MS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wrensburg, Mo.

13. NAME W. O. Fredericksen

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.

15. MAIDEN NAME Josephine Mitchell

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Vera Kreitz

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ralls DATE Nov 3 1935

19. UNDERTAKER (ADDRESS) Harry B. ...

24. Was disease or injury in any way related to occupation of deceased? No, specify _____
(Signed) Joseph Mitchell, M. D.
(Address) 1144 ...

20. FILED Nov 3 1935 Joe F. ... Registrar

