APR 23 1937

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

Do not use this space.

12870

1. PLACE OF DEATH
County Osage 76
Township 3
City Freeburg 1 (No. 4558 St. Ward)

Registration District No. 1124
Primary Registration District No. ~~5851~~

File No. 4
Registered No. 4

2. FULL NAME Christina Vermoellen
(a) Residence, No. Freeburg 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 Charles Vermoellen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1861

7. AGE 235

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	2	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House cerf
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) Folk Mo

FATHER
13. NAME Henry Baxton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) —

17. INFORMANT (ADDRESS) Chas Vermoellen Freeburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freeburg Mo DATE Mar 31 1937

19. UNDERTAKER (ADDRESS) Chas Birmingham Vienna

20. FILED April 9 1937 Mrs D.M. Buechler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1937 to Mar 29 1937
I last saw her alive on Mar 28 1937 Death is said to have occurred on the date stated above, at 2 30 A m.
The principal cause of death and related causes of importance were as follows:

Labor Pneumonia — Date of onset 4/24-37

Other contributory causes of importance: 108

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) Jos L H Buechler, M. D.
(Address) Freeburg Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.