

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin  
Township Grand  
City Grand (No. 9)

Registration District No. 1104  
Primary Registration District No. 4594

File No. 34176  
Registered No. 9 Ward

2. FULL NAME Emma Trautwein

(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 17 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 (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1860  
7. AGE YEARS 76 MONTHS 10 DAYS 12  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4, 1937  
22. I HEREBY CERTIFY, That I attended deceased from 10-15-1936 to 9-4, 1937  
I last saw her alive on 9-4, 1937 Death is said to have occurred on the date stated above, at 8:20 p.m.  
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia  
Hypertensive Vascular Disease  
Date of onset 8-28-37

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_  
(Signed) Charles E. Schmidt, M. D.  
(Address) Grand Mo

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. XX  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) Cambeltown  
(STATE OR COUNTRY) Franklin Mo.

13. NAME Eberhardt Witt

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

15. MAIDEN NAME Katherine Deeser

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

17. INFORMANT Albert E. Trautwein  
(ADDRESS) Grand Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Paul's Church DATE 9-6 1937

19. UNDERTAKER E. J. Meyer  
(ADDRESS) Grand Mo

20. FILED 9-6 1937 W. P. Fitzgerald  
Registrar

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