JAN 19 1938

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

Do not use this space.

File No. 45561

Registered No.

1. PLACE OF DEATH

County Jackson

Township Fort Osage

City ~~Levasy~~ (No. , St. Ward)

Registration District No. 396

Primary Registration District No. 5552

2. FULL NAME Marie Johannah Hemann

(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 30 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*): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Hemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1, 1863

7. AGE: YEARS 74 | MONTHS 10 | DAYS 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

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.:

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): Marthasville Missouri

FATHER

13. NAME: William Borgmann

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

MOTHER

15. MAIDEN NAME: Christina Malvina Lehrvehr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Femme Osage Missouri

17. INFORMANT (ADDRESS): Mrs. Selma Weitkamp Levasy

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bone Hill Cem. DATE Jan. 3, 1938

19. UNDERTAKER (ADDRESS): Vernon M. Reppert Buckner, Missouri

20. FILED Jan 2, 1938 John W Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937, to Dec 31, 1937.

I last saw her alive on Dec 31, 1937. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

	Date of onset
1 Lobar Pneumonia	Dec 25, 1937

Other contributory causes of importance:

Name of operation none Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X 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 X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John W Robertson, M. D.

(Address) Buckner, Mo.

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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