

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

Do not use this space.

21

2693

1. PLACE OF DEATH
 36 County Franklin 36 Registration District No. 296
 Townshp Union Primary Registration District No. 5413
 City (No. St. Ward)
 2. FULL NAME Bertha Johanna Sofia Vemmer 56A
 (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? 75 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 John Frederick Vemmer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housekeeper
 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) Germany 10
 FATHER 13. NAME C. F. T. Dettmann 10
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
 MOTHER 15. MAIDEN NAME Anna S. Rehmer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT J. J. Vemmer
 (ADDRESS) Jeffriesburg, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Zions Evangelical
 PLACE Union, Mo. No. DATE 12/26 1937
 19. UNDERTAKER Union Funeral Home (Wm H. Horn)
 (ADDRESS) Union, Mo.
 20. FILED Feb 19 38 J. Marshall M.D. 219 (Address) Union, Mo.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23, 1937
 22. I HEREBY CERTIFY, That I attended deceased from June 1935, to Dec 1937
 I last saw her alive on Dec 23, 1937 Death is said to have occurred on the date stated above, at 1:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
Cardiac Asidosis
 Date of onset 1935
 Other contributory causes of importance:
None
 Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1937
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) J. Marshall, M. D.
 (Address) Union, 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.

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FEB 24 1938

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