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.

REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 1104 — File No. 21806

Township Boone — Primary Registration District No. ~~4554~~ 5415 — Registered No. 11

City Gerald (No. ..., ... St. ..... Ward)

2. FULL NAME Anna Whilemena Idel

(a) Residence, No. ..... Gerald, Missouri St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 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: William Idel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 24, 1874

7. AGE: Years 63 — Months 9 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
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): Owensville, Mo.

FATHER

13. NAME: William Poeting
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Wommel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Edwin Idel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Champion City DATE 6-14-38, 19

19. UNDERTAKER (ADDRESS): Oltmann & Son, Union, Mo. E.L.O.

20. FILED 6-13, 1938 Charles A. Schmidt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1938 to June 12, 1938

I last saw him alive on June 6, 1938. Death is said to have occurred on the date stated above, at 8:20am

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

Chron Myocarditis — Date of onset not known

9 2/4

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) J. B. Matthews M. D.

(Address) Beaufort, Mo.