

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

Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH

County Holt Registration District No. 369 File No. 6676
 Township South Union Primary Registration District No. 5515 Registered No. 2
 City Craig (No. St. Ward)

2. FULL NAME Mrs. Jeeseke Gerdes Wellman

(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 46 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 Mr. William H. Wellman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 18

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. In Home

10. Date deceased last worked at this occupation (month and year) 1 week ago 11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grossfeln, Germany

13. NAME Mr. George Wiemers

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Coleman David

18. BURIAL, CREMATION, OR REMOVAL PLACE 200 E (Craig) DATE 7/7 1939

19. UNDERTAKER Schooler Bros. (ADDRESS) Craig, Mo.

20. FILED Feb 6 1939 Birth Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1939 to Feb 5 1939

I last saw her alive on Feb 4 1939 Death is said to have occurred on the date stated above, at 7³⁰ a.m.

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

Pneumonia Date of onset 2/3/39

Other contributory causes of importance: 1070

Name of operation..... Date of 7/7

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?.....

If so, specify..... (Signed) J. C. Thuan M. D.

(Address) Craig, 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.

RECEIVED

District Health Officer No. 111

District File Number 39-28

Date Filed 3-8-39