

SEP 17 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29927

1. PLACE OF DEATH

County Lawrence

Registration District No. 471

Township

Primary Registration District No. 4284

City

Pine City MO

(No. 1)

2. FULL NAME

Ida Rose Veltz

(a) Residence, No.

Pine City MO

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

Single

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

Feb 19-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

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)

Seneca County Ohio

13. NAME

Michael Welter

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Katherine Miller

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Charles D. Welter
Pine City MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St Marys Cem

DATE

Aug 27 1934

19. UNDERTAKER

(ADDRESS)

J. H. Israel Jr.
Pine City MO

20. FILED

8-25

1934

A. H. Wright

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 24 1934 to Aug. 24 1934

I last saw him alive on

Aug. 24 1934

Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Diabetic Insulin

Date of onset

1932

Other contributory causes of importance

Name of operation

Insulin

Date of

What test confirmed diagnosis? Insulin Was there an autopsy? Yes

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

Accident, suicide, or homicide?

Date of injury

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)

E. B. Wright

M. D.

(Address)

Pine City Mo

