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STATE OF MISSOURI }  
CITY OF JEFFERSON } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

*Garland H. Land*

Garland H. Land  
State Registrar of Vital Statistics

MAR 25 1992

1 PLACE OF DEATH

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

County *Lamar*  
Township *Circle*  
or  
Village  
or  
City *Circle* (NO St. Ward)

Registration District No. *471* File No. *3* 7613  
Primary Registration District No. *4284* Registered No. *32*

2 FULL NAME *Katharina Veltor*

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* COLOR OR RACE *White* MARRIED ☒ WIDOWED ☐ OR DIVORCED ☐ (Write the word)  
DATE OF BIRTH *March* (Month) *1836* (Year)  
AGE *83* yrs. *10* mos. *10* ds. If LESS than 1 day... hrs. or... min.?

16 DATE OF DEATH *Feb* (Month) *10* (Day) 19*20* (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan. 26, 1920*, to *Feb 10, 1920*, that I last saw her alive on *Feb 8, 1920*, and that death occurred, on the date stated above, at *11:20 a.m.*

The CAUSE OF DEATH\* was as follows:

*Bright's Disease*

131 *170* (Duration) *1* yrs. *10* mos. *10* ds.

CONTRIBUTORY (Secondary) *8* (Duration) *1* yrs. *10* mos. *10* ds.

(Signed) *E. B. Hight* M. D.  
*Feb 10, 1920* (Address) *Pease City, Mo.*

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Repeat Residents)

At place of death *1* yrs. *10* mos. *10* ds. In the State *1* yrs. *10* mos. *10* ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

*Circle City, Mo. Feb 10, 1920*

20 UNDERTAKER ADDRESS

*Johnnie E. Ebert, Director, Mo.*

3 OCCUPATION (a) Trade, profession, or particular kind of work *House wife*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
4 BIRTHPLACE (City or town; State or foreign country) *Germany*  
5 NAME OF FATHER *Joe Veltor*  
6 BIRTHPLACE OF FATHER (City or town; State or foreign country) *Germany*  
7 MAIDEN NAME OF MOTHER *Dora Veltor*  
8 BIRTHPLACE OF MOTHER *Germany*

9 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Joe Veltor* (Address) *Pease City, Mo.*

10 *Feb 11, 1920* (Signature) *Johnnie E. Ebert* Registrar