

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.

FILED OCT 6 1943

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

Do not use this space.

31517

1. PLACE OF DEATH

County Cooper

Township Boonville

City Boonville

Registration District No. 82

Primary Registration District No. 3017

File No. _____

Registered No. 111

St. _____

Ward _____

2. FULL NAME Mary Elizabeth Hustedde

(a) Residence, No. St. Joseph's Hospital St. _____

(Usual place of abode)

Ward _____

West Glasgow, Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1 mos. 13 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 John Hustedde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 2 5

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. Home

10. Date deceased last worked at this occupation (month and year) March 1943 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Glasgow Mo.

13. NAME Clement Cruze

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Miss Octavia Hustedde

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Sept. 11, 1943

19. UNDERTAKER (ADDRESS) W. S. Swapp

20. FILED 9-10- 1943 W. S. Swapp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1943, to Sept 8, 1943

I last saw her alive on Sept 8, 1943 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Coronary embolism Date of onset 9/8/43

Chronic myocarditis 93d 5 yrs

Hypertension 10 yrs

Other contributory causes of importance:

Pulmonary infarct multiple 5 mo recurrent

Name of operation Thyroidectomy Date of 8/26/43

What test confirmed diagnosis? Chemical 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) W. S. Swapp, M. D.

(Address) Boonville, Mo.

RECEIVED

Public Health Officer No. 8,

Record File Number _____

Date Filed 10-1-43

This body was embalmed by me.

Ed. F. F. F. F. F.

Missouri License 3978