

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

Do not use this space.

18578

1. PLACE OF DEATH

County Jasper
Township.....
City Carthage (No..... St..... Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.....
Registered No.....

2. FULL NAME

Mildred Louise Gimpel
(a) Residence No. 220 Ormer St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 | 11 | 15 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Macomb
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Myron Gimpel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Hattie Mayhugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Marys
(STATE OR COUNTRY) Ill.

14. INFORMANT Ms. Hattie Gimpel
(Address) Carthage, Mo.

15. FILED June 21 1927 S. B. Clinton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15 1927 to June 20 1927 that I last saw her alive on July 18 1927, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Epidemic Encephalitis

CONTRIBUTORY (SECONDARY) none
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Ill.
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) A. J. La Forge, M. D.

(Address) Carthage Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Oak Hill Cemetery June 21 1927

20. UNDERTAKER ADDRESS

Knell Mortuary Carthage

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

