

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township Curie
City (No.)

Registration District No. 760
Primary Registration District No. 6007
5994

File No. 21629
Registered No. 30
St. Ward)

2. FULL NAME

Mrs. Josephine Pruisler
(a) Residence. No. Dallas mo R 2 St. Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widow) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of John Pruisler deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2, 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 3 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Dallas mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Hy. Mespagal
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Amerin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Hy. Pruisler
Chas. Dallas mo R 2

15. FILED 6/24 1928 J. J. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1928
17. HEREBY CERTIFY, That I attended deceased from April 1 1926, to May 17 1928, and that I last saw her alive on May 17 1928, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
82 1/2 74 W
97 (duration) yrs. mos. da.
CONTRIBUTORY Apothemy
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 Did an operation precede death?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. C. Higgins M. D.
, 19 (Address) O'Fallon, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dallas mo. DATE OF BURIAL 6/25 1928

20. UNDERTAKER Ed Keittley ADDRESS Dallas 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.

