

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

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.

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

Do not use this space.

22542

1. PLACE OF DEATH

County.....

Registration District No.....

701

Township.....

Primary Registration District No.....

File No.....

City.....

(No.....)

Registered No.....

6760

St.....

Ward.....

2. FULL NAME

(a) Residence. No.....
(Usual place of abode)

St..... Ward.....

Length of residence in city or town where death occurred 57 yrs. mos. 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)

Widowed

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

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

Jan 9 - 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81

5

18

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)

(STATE OR COUNTRY)

France

10. NAME OF FATHER

Antone Lickleiter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT (Address)

City 1000

15.

FILED 28

19 May 1907

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 27, 1908

I HEREBY CERTIFY That I attended deceased from June 27, 1908 to June 27, 1908 that I last saw him alive on June 27, 1908, and that death occurred, on the date stated above, at 4:30 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

90B

93C

CONTRIBUTORY (SECONDARY)

Senility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Robert D. Simpson, M.D.

27, 1908 (Address) City 1000

*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

Bellefontaine

June 29, 1908

20. UNDERTAKER

ADDRESS

164 Leidner Ind Co N. Market 10

Recfly