

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

Do not use this space.

10033

1. PLACE OF DEATH
 County Bole Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City St. Mary's Hospital (No. St. Mary's Hospital)
 Registered No. 81 St. _____ Ward _____

2. FULL NAME Lydia Elizabeth Graessle
 (a) Residence No. 416 E. Alchuson St. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 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 Louis Graessle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>25</u>	<u>10</u>	<u>8</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23-1929
 17. I HEREBY CERTIFY, That I attended deceased from 3-23-29 to 3-23-29, 1929, that I last saw her alive on Mar. 23, 1929, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolicism Embolicism
148
1490
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 148
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. Bedford, M. D.
3/25, 1929 (Address) J. C. Curran

*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.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hardsville
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Stockman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hardsville
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ida Hager

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bole Mo.
 (STATE OR COUNTRY) Mo.

14. INFORMANT Louis Graessle
 (Address) J. C. Curran

15. FILED 3/25, 1929 Dr. Bedford REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cem. DATE OF BURIAL 3-26-1929

20. UNDERTAKER C. P. Heinrich ADDRESS J. C. Curran

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.

24 1929
 8
 335

W. B.—Every item of information should be carefully checked.
Exact statement of OCCUPATION is very important.

Bedford.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 10033

Township Jefferson City

Primary Registration District No. 3014

Registered No. 81

City Jefferson City (No. _____) St. _____ Ward _____

2. FULL NAME

Lydia Elizabeth Graessle

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

15. FILED _____, 19____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-23-1929

17. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____ that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Embolicism
childbirth

(duration)yrs.mos.ds.

CONTRIBUTORY (SECONDARY)

(duration)yrs.mos.ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19____ (Address)

*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

19

20. UNDERTAKER

ADDRESS

N. B. Every death certificate should be carefully supplied. AGE and CAUSE OF DEATH should be stated of OCCASION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-10033