MAY 27 1932

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

Do not use this space.

13611

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. 213 So Car St. Ward)

2. FULL NAME Mrs Frances Bechtel
(a) Residence. No. 213 So Car 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-31-58

7. AGE: YEARS 71 — MONTHS 8 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): Pike Co Mo

PARENTS
10. NAME OF FATHER: Isiah Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Cynthia (?)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Edna Hicks
(Address) St Louis Mo

15. FILED 4/18 1930 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-18 1930

17. I HEREBY CERTIFY, That I attended deceased from Several months, 19.. to ....., 19.. that I last saw her alive on 4-18, 1930, and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) 7 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J W Crewdson, M. D.
4/18, 1930 (Address) Louisiana 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: Riverview Louisiana Mo — DATE OF BURIAL: 4/19 1930

20. UNDERTAKER: F C Haley Jr — ADDRESS: Louisiana 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.