

OSBORNE
 221022
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.
 36992

1. PLACE OF DEATH
 County Pettis Registration District No. 668 File No. _____
 Township Ledalia Primary Registration District No. 3032 Registered No. 293
 City Ledalia (No. Bothwell Hopt St. _____ Ward) _____

2. FULL NAME Caroline Pauline Magellan Loeffler
 (a) Residence. No. Syracuse Court, #1 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. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 George Gustaf Loeffler
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 31, 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 7 6
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) At Home
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 7 1930
 17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1929, to Nov 9, 1930 that I last saw her alive on Nov 7, 1930, and that death occurred, on the date stated above, at 8 P m.

20 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Meningitis
 (duration) _____ yrs. 6 mos. ? ds.
 CONTRIBUTOR (SECONDARY) Tuberculosis of spine
 (duration) 1 yrs. 2 mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Ottumwa (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER August Schupp
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lake View (STATE OR COUNTRY) Morgan County, Mo.
 12. MAIDEN NAME OF MOTHER Elizabeth Schupp
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at home
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? X-ray + Lab Chem
 (Signed) Charles P. Patton, M. D.
 , 19 _____ (Address) Ottumwa, Mo.

14. INFORMANT August Schupp (Address) Ottumwa, Mo.
 15. FILED 11-15-30 J. L. Lora REGISTRAR

*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 Ottumwa Mo. DATE OF BURIAL 11/9 1930
 20. UNDERTAKER McLaughlin Bros ADDRESS Ledalia

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.

