

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

Do not use this space.

6134

1. PLACE OF DEATH

County Lafayette
Township Davis
City Higginsville (No.)

Registration District No. 460
Primary Registration District No. 2624-a

File No.
Registered No. 17
St. Ward)

2. FULL NAME Mrs Alvina Siems

(a) Residence. No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Mr. John Siems

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1887

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	43	7	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeper 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Chas Schwartz

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

12. MAIDEN NAME OF MOTHER Caroline Noeman

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

14. INFORMANT John Siems
(Address) Higginsville Mo.

15. FILED 2/25 1931 Russell P Porter
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 26 1931, to Feb 27 1931, and that I last saw her alive on Feb 27 11 P 1931, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemic Convulsions.

66B
132A
91B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Endocarditis, Toxic Gastr
Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Convulsions Nephritis
(Signed) WATSON KEIN M. D.

2/28 1931 (Address) Higginsville 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

Evangelical Cemetery

DATE OF BURIAL

March 1931

20. UNDERTAKER

Kiefer & Memersdager

ADDRESS

Higginsville 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.

