

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

Do not use this space.

17222

1. PLACE OF DEATH
County Buchanan Registration District No. HOME FOR P⁰⁰R. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. (No. Sisters Hospital) St. _____ Ward _____
2. FULL NAME Laura Elizabeth Lohmueller
(a) Residence, No. _____ St. _____ Ward. Centralia, Kansas
(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.

File No. _____
Registered No. 570
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 2 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

13. NAME Francis Michaels

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Dalene Lambert

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

17. INFORMANT B. L. Lohmueller (ADDRESS) Centralia, K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Kas. DATE May 29, 1931

19. UNDERTAKER Saleman's Funeral Home (ADDRESS) St. Joseph, Missouri

20. FILED 5-28-31 1931 John A. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1931

22. I HEREBY CERTIFY, that I attended deceased from May 24, 1931 to May 28, 1931

I last saw h. he alive on May 28, 1931 Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Appendicitis Date of onset _____
General Peritonitis

Other contributory causes of importance: _____

Name of operation Appendectomy Date of May 28, 1931

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul Potter, M. D.

(Address) 731 Farm St. Joseph, Mo.

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.

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