

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

Do not use this space.

18803

1. PLACE OF DEATH

County Madaway
Township
City Maryville (No. _____)

Registration District No. 625
Primary Registration District No. 3091

File No. _____
Registered No. 510
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Female White Single

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

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

June 14 - 1920

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7 11 5

8. OCCUPATION OF DECEASED

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

School Girl

(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)

Maryville Mo

10. NAME OF FATHER

Otto Bleich

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Madaway Mo

12. MAIDEN NAME OF MOTHER

Luisa B. Highbarger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Maryville Mo

14. INFORMANT

(Address)

Mrs J B Highbarger
Maryville Mo

15. FILED

5-21-31
C. P. Fryer
M.E.C. REGISTRAR

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

May 19 - 1931

17.

I HEREBY CERTIFY, That I attended deceased from May 4, 1931, to May 19, 1931, that I last saw her, alive on May 19, 1931, and that death occurred, on the date stated above, at 12-50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Fainting
due to Rheumatic Fever

5 to 7 (duration) yrs. mos. 7 da.
CONTRIBUTORY Rheumatic Fever
(SECONDARY)

(duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

3
9 Did an OPERATION PRECEDE DEATH? — DATE OF _____

10 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Shos F Fay M. D. O

, 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

St. Ann Cemetery 5/21 1931

20. UNDERTAKER

ADDRESS

Price & Sons Co Maryville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1931

