

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

Do not use this space.

21954

1. PLACE OF DEATH

County Lafayette
Township Washington
City Lafayette (No. _____)

Registration District No. 461
Primary Registration District No. 3024

File No. 49
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Elydia Louise Sewler

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 9 29

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 _____

9. BIRTHPLACE (CITY OR TOWN) Brunswick, Md.
(STATE OR COUNTRY)

10. NAME OF FATHER Andrew Sturm

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

12. MAIDEN NAME OF MOTHER Catherine Laboute

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

14. INFORMANT Harry L. Sewler
(Address) 7c and co. City MD

15. June 22 1931 G. H. [unclear]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929 to June 20 1931 that I last saw her alive on June 21 1931 and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhages
8 1/2 hrs. (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Stroke (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Chalkley, M. D.

June 21 1931 (Address) Lafayette 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 Lafayette Mo DATE OF BURIAL June 22 1931

20. UNDERTAKER Ormet Regert ADDRESS Lafayette 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.

JUL 25

