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

Do not use this space.

27833

1. PLACE OF DEATH Cole
County
Township Jefferson
City (No. St. Ward)
Registration District No. 213
Primary Registration District No. 5293
File No.
Registered No.

2. FULL NAME Mrs Augusta Lorsch
(a) Residence. No. Jefferson City Mo St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

AUG 25 1931

N. B.—Every item of information should be fully supplied. AGE should be stated EXACTLY: PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

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 Ben Lorsch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(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) Cole County Mo

PARENTS
10. NAME OF FATHER Edward Loesch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Ben Lorsch
(Address) Jefferson City Mo

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Aug 1, 1931, that I last saw her alive on July 27, 1931, and that death occurred, on the date stated above, at 4 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93E
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93
(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. L. Leslie M. D.
8/2, 1931 (Address) Russellville 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: Zion Cem.
DATE OF BURIAL: Aug 3 1931

20. UNDERTAKER: Wymore and Gordon
ADDRESS: Jefferson City Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 231

Registered No.

1. PLACE OF DEATH

County Cole — Registration District No. 213

Township Jefferson — Primary Registration District No. 5293

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Augusta Loesch

(a) Residence, No. Jefferson City St., Mo 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14, 1851

7. AGE: Years 80 — Months 3 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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) (STATE OR COUNTRY): Cole Co Mo

FATHER

13. NAME: Edward Loesch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ben Loesch Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Zion Cem. DATE: Aug 3, 1931

19. UNDERTAKER (ADDRESS): Wynmore & Gordon Jefferson City Mo.

20. FILED: 8-4-1931 W. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Aug 1, 1931. I last saw her alive on July 29, 1931. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (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) W. L. Leslie, M. D.

(Address) Russellville Mo

SUPPLEMENTARY

N. B.—Every item of information must be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

5-27533