

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

Do not use this space.

1. PLACE OF DEATH

10 County Butler
2 Township Poplar Bluff
7 City Poplar Bluff (No.,, Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. 287
Registered No. 17.

2. FULL NAME Lydia Levering

(a) Residence, No. 208 N. B. Street St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 7 14

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

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) Versailles Ohio 2

13. NAME John L. Christian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Mary E. Nicewarner (ADDRESS) 208 N. B. St. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Eureka, Kan. DATE Jan. 26, 1932

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED Jan 24, 1932 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 - 32 to Jan 24, 1932. I last saw her alive on Jan 24, 1932. Death is said to have occurred on the date stated above, at 2 A.M. The principal cause of death and related causes of importance were as follows:

1867 myocarditis 1/17/32
1948 nephritis 1/20/32
93 D
Other contributory causes of importance:
Fracture of hip 1/17/32

Name of operation [Signature] 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 1/17, 1932. Where did injury occur? Poplar Bluff, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home. Manner of injury Fall. Nature of injury Fracture of hip ①

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify J. P. Kuehert (Signed) Poplar Bluff, Mo. M. D. (Address)

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.

FEB 23 1932

