

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

Do not use this space.

1. PLACE OF DEATH

56 County Lewis Registration District No. 4TT
1 Township Primary Registration District No. 4286
2 City Canton (No.) St. Ward

File No. 1638
Registered No. 2

2. FULL NAME

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

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

22. I HEREBY CERTIFY That I attended deceased from Dec 21, 1931, to June 8, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1861

I last saw her alive on June 8, 1932 Death is said to have occurred on the date stated above, at 10 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 5 28

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

Intestinal Nephritis Date of onset Dec 21 1931
930 130

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

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

Other contributory causes of importance: Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. 2 Illinois

13. NAME Edmund Reichl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Julia Grafton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Prussia 23

17. INFORMANT (ADDRESS) Susan B. Bartwick Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Cemetery DATE Jan 11, 1932

19. UNDERTAKER (ADDRESS) Carl B. Buckler Canton Missouri

20. FILED Jan 9, 1932 H. W. Harris M.D. Registrar

Name of operation None Date of
What test confirmed diagnosis? Examination 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

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 D
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. W. Harris, M. D.

(Address) Canton Mo.

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

FEB 24 1932

