

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.

MAY 30 1937

3716-1

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

Do not use this space.

3716-1

1. PLACE OF DEATH  
 9 County Bollinger Registration District No. 69  
 Township Filmora Primary Registration District No. 5702  
 City Buchanan (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Ethel Lola ~~W~~ Ditzel  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 24 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38 0 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Gipsy  
 (STATE OR COUNTRY) Bollinger Co., Mo.

13. NAME Wm D. Winkle

14. BIRTHPLACE (CITY OR TOWN) Gipsy, Mo.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Winnie K. Cagle

16. BIRTHPLACE (CITY OR TOWN) Zaluna, Mo.  
 (STATE OR COUNTRY)

17. INFORMANT Elmer D. Ditzel  
 (ADDRESS) Buchanan

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Berong Cem DATE 2-13 1937

19. UNDERTAKER Willard Burk  
 (ADDRESS) Grassy Moo

20. FILED 570 1937 W. T. Karpis  
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932 to Feb 12th 1932  
 I last saw her alive on Feb 11 1932. Death is said to have occurred on the date stated above, at 5 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Nephritis  
122A / 133  
 Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urinary Was there an autopsy? No

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) Edwin F. Wagner M. D.  
 (Address) Gravelly, Mo.

