

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

Do not use this space.

11189

1. PLACE OF DEATH

97 County Saline Registration District No. 796
 5 Township Primary Registration District No. 3038
 1 City Marshall (No. 261, W. Jackson St. Ward)

File No.
 Registered No. 36
 St. Ward)

2. FULL NAME

(a) Residence, No. 261 W. Jackson 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

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 Peter Solomon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 7

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

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) Germany 10

13. NAME Carl Haberman

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

15. MAIDEN NAME Amelia Fettle

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

17. INFORMANT (ADDRESS) Mrs. Lizzie Ordway
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Co. DATE Mar. 27, 1932

19. UNDERTAKER (ADDRESS) Bandiver Mortuary
Marshall, Mo.

20. FILED 3/28 1932 Mrs. John H. McClure
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1932

22. I HEREBY CERTIFY, That I ^{death inquest} attended deceased from Mar 25, 1932, to Mar 25, 1932, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 11:22 a.m.

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

Natural causes Date of onset

probably apoplexy

821

Other contributory causes of importance:

J. L. W.

(5)

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

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

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) Pl. Bradford, M. D.

(Address) Marshall, 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.

APR 9 1932

