

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

Do not use this space.

11327

1. PLACE OF DEATH
 106 County Janey Registration District No. 859
 Township Braunson Primary Registration District No. 6128
 City Braunson (No. St. Ward)

2. FULL NAME Lizzie M. Stoffle
 (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

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 Jim Stoffle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1898

7. AGE YEARS 33 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
 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. 2.35
 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) Ind.

MOTHER FATHER
 13. NAME Jacob Hulshuis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
 15. MAIDEN NAME Mahaley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Texas

17. INFORMANT (ADDRESS) J M Stoffle
 18. BURIAL, CREMATION, OR REMOVAL PLACE Braunson DATE 3/14 31
 19. UNDERTAKER (ADDRESS) R. Whelchel Hdw Braunson
 20. FILED 3/14 1932 R. Thornhill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932, to March 13, 1932
 I last saw her alive on March 13, 1932 Death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:
Brancho - Pneumonia Date of onset
 Other contributory causes of importance:
Influenza ①

Name of operation Date of
 What test confirmed diagnosis? 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? no
 If so, specify yes
 (Signed) Guy B. Mitchell, M. D.
 (Address) Braunson, 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 30 1932

