

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

Do not use this space.

15333

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St Joseph (No. St Joseph Hospital) St. Ward)

2. FULL NAME Mary Elizabeth Ringel

(a) Residence, No. 1113 Main 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 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 Married
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Ringel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
 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) St Joseph (STATE OR COUNTRY) Missouri

13. NAME John Dravis

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

15. MAIDEN NAME Anna Steinbrink

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

17. INFORMANT Miss Anna Ringel (ADDRESS) 1113 Main street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St Joseph Mo. DATE May 9 19 32

19. UNDERTAKER H. C. Siedenfaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILE NO. MAY 8 1932 John R. Bescher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 3 1932 to May 6 1932
 I last saw ~~her~~ him alive on May 6 1932. Death is said to have occurred on the date stated above, at 7:20 P. M.
 The principal cause of death and related causes of importance were as follows:

Streptococcus Sore Throat Date of onset May 1-1932
115 A 115 A
 Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? Laboratory 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
 (Signed) David Morton M. D.
 (Address) St Joseph Missouri

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.

JUN 21 1932

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