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.

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

Do not use this space.

16695

File No. .....

Registered No. 6

1. PLACE OF DEATH

58 County Linn — Registration District No. 500

Township Jefferson — Primary Registration District No. 5665

City Near ~~Laclede~~, Mo. (No. ....., ..., St. ....., Ward)

2. FULL NAME Mrs. Hattie Umbarger Deininger

(a) Residence, No. Near Laclede St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF John J. Deininger, Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	8	10	

OCCUPATION

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

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) (STATE OR COUNTRY) Near Florid, Putnam Co. Illinois

FATHER

13. NAME Josiah Umbarger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading Pennsylvania

MOTHER

15. MAIDEN NAME Jane Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading Pennsylvania

17. INFORMANT J. M. Deininger
(ADDRESS) Laclede, Missouri

18. BURIAL, CREMATION, OR REMOVAL Brookfield, Mo.
PLACE Rose Hill Cem. DATE May 16th 1932

19. UNDERTAKER M. Y. Rusk
(ADDRESS) Brookfield, Missouri

20. FILED May 15 1932 J. N. Dunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 14, 1932
I last saw her alive on May 14, 1932. Death is said to have occurred on the date stated above, at 10.45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-10-32
81A (Left Hemiplegia)	
146	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Hance Evans, M. D.
(Address) Brookfield, Mo

250
240

Light 2.00

1.08
1.00

450.08
49.02