

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.

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

Do not use this space.

17370

96
1. PLACE OF DEATH L. Lani
 County Carroll Registration District No. 1123
 Township Carroll Primary Registration District No. 6248
 City Carroll (No. 1) St. Carroll Ward 162

2. FULL NAME Christiana Hertel
 (a) Residence, No. 105 St. Carroll Ward 162
 (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 L 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6-1857

7. AGE YEARS 74 MONTHS 6 DAYS 11 If LESS than 1 day, hrs. or min.

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

13. NAME Shullig Hertel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) John Hertel
105 Carroll Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 5/11/1932

19. UNDERTAKER (ADDRESS) J. J. Ziegenhain & Sons
1407 E. Charvans

20. FILED 578 1932 L. C. Obrack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1931, to May 7 1932
 I last saw her alive on May 6 1932 Death is said to have occurred on the date stated above, at 6.30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1930
Arteriosclerosis 1928

Other contributory causes of importance:
Arteriosclerosis 1928

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 _____
 (Signed) Andrew Youngman, M. D.
 (Address) Chappington Mo

4602 November 2 to 4 PM

