

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

Do not use this space.

1. PLACE OF DEATH  
26 County Cole  
Township Clark  
City Johann, Mo. (No. \_\_\_\_\_)

Registration District No. 430212  
Primary Registration District No. 5292

File No. 31785  
Registered No. 20217  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louise Catherine Holzbierlein  
(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 WIDOW (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Holzbierlein  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 9 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) Cole Co. 1

FATHER 13. NAME Galen Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

MOTHER 15. MAIDEN NAME Rebecca Tipton

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

17. INFORMANT Herman Holzbierlein (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Johnson Cem. DATE 10/20/32

19. UNDERTAKER W. L. Schuyler (ADDRESS) Russellville, Mo.

20. FILED Oct 10 1932 Registrar W. L. Schuyler

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18/32, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932, to Oct. 18, 1932  
I last saw her alive on Oct. 15, 1932. Death is said to have occurred on the date stated above, at 2.15P. M.  
The principal cause of death and related causes of importance were as follows:

gva  
Apoplexy  
Other contributory causes of importance: gva  
Date of onset Oct. 14, 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. L. Schuyler, M. D.  
(Address) Russellville, Mo.

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