

WHITE 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.

NOV 23 1932

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

Do not use this space.

36181

1. PLACE OF DEATH
 5-1 County Johnson Registration District No. 431
 6 Township Warrensburg Primary Registration District No. 3023
 7 City Warrensburg (No. _____ St. _____ Ward _____)

2. FULL NAME Effie May Iseminger
 (a) Residence No. 415, N. Warrens St. 1 Ward. (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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 8, 1875

7. AGE YEARS <u>57</u>	MONTHS <u>7</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Warrensburg, Mo. (STATE OR COUNTRY)

13. NAME George F. Iseminger

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

15. MAIDEN NAME Joeanna E. Shrvack

16. BIRTHPLACE (CITY OR TOWN) Fleming Co., KY. (STATE OR COUNTRY)

17. INFORMANT Chas. Iseminger (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Nov. 4, 1932

19. UNDERTAKER Sweeney Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Nov 4, 1932 Wm. R. Allison Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to Nov. 3rd, 1932
 I last saw him alive on Nov. 29, 1932. Death is said to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:
Purpuric Anemia
TIA
MI
 Other contributory causes of importance:
None known

Date of onset <u>6/1/30</u>

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? N.O.
 If so, specify _____
 (Signed) D. B. Hall, M. D.
 (Address) Warrensburg, Mo.

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