

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

Do not use this space.

36225

1. PLACE OF DEATH

54 County Lafayette
6 Township Leighton
4 City Leighton (No. _____)

Registration District No. 461
Primary Registration District No. 3024

File No. 108
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Lucile Beihl

(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 (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Carlouis Beihl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musicians
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 201
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Davenport (STATE OR COUNTRY) Iowa

13. NAME Winchester Lorton

14. BIRTHPLACE (CITY OR TOWN) Ply (STATE OR COUNTRY) _____

15. MAIDEN NAME Lydia Kirkpartich

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____

17. INFORMANT Mrs. C. Leonard (ADDRESS) Davenport Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingsdale Mo DATE Nov 27, 1932

19. UNDERTAKER Conrad Hegert (ADDRESS) Leighton Mo.

20. FILED Nov 27, 1932 J. W. Frederick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 21, 1932 to Nov. 23, 1932
I last saw her alive on Nov. 23, 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis
94894B
Other contributory causes of importance: _____
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? No
If so, specify _____

(Signed) A. M. Standaert M. D.
(Address) Leighton Mo.

Delia Bates

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.

