

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

Do not use this space.

39001

**1. PLACE OF DEATH**

County Cooper  
 Township  
 City Boonville

Registration District No. 218  
 Primary Registration District No. 3015

File No. \_\_\_\_\_  
 Registered No. 121  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_  
 (Usual place of abode)

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
California mo  
 (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) Monticane Co Mo

13. NAME Christ Mischler

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

15. MAIDEN NAME Dora Knapp

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

17. INFORMANT Mrs. Florence Birdsong  
 (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL PLACE O. O. C. Cem DATE 12/26 1932

19. UNDERTAKER Hulme & Friedmeyer  
 (ADDRESS) California Mo

20. FILED 12/24 1932 J. A. Russell  
 Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-17-32, 1932, to 12-24-32, 1932

I last saw h. alive on 12-24-32, 1932. Death is said

to have occurred on the date stated above, at 2 P. m.

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

Lobar Pneumonia

Date of onset 12-18-32

Other contributory causes of importance:

Myocardial failure

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chin 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 \_\_\_\_\_, 1932

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) \_\_\_\_\_, M. D.

(Address) A. C. Ravenscroft

