

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

Do not use this space.

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 111  
 7 Township ..... Primary Registration District No. 2002  
 5 City ..... (No. ....) St. .... Ward .....

File No. 40223

**2. FULL NAME**

Madame Storchman  
 (a) Residence, No. Bell Ville 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 M 4. COLOR OR RACE W 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) Jan. 8, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
13 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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) Bell Ville MO.

13. NAME Elnora Storchman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock Ark.

15. MAIDEN NAME E Ethel Sullenger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blountville Mo.

17. INFORMANT E Ethel Storchman (ADDRESS) Blountville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Messers DATE Dec 8, 1932

19. UNDERTAKER Porter M Clark (ADDRESS) Blountville Mo.

20. FILED 12/8 1932 A. Peterson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/4 1932 to 12/4 1932

I last saw her alive on 12/4 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

acute endocarditis  
acute rheumatic fever  
 Date of onset .....

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 .....

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) R. M. Janner M. D.

(Address) Poplar, Mo.

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.

JAN 24 1933

