

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

Do not use this space.

743

1. PLACE OF DEATH
 27 County Cooper Registration District No. 218
 2 Township _____ Primary Registration District No. 3015
 4 City Boonville (No. _____) St. _____ Ward _____
 2. FULLY NAME Louise Katherine Diringer
 (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 HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19th 1850
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
82 10 23

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife
 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) Jan 9th 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Cedron (STATE OR COUNTRY) Monticary Co Mo.
 13. NAME Joseph Waber
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
 15. MAIDEN NAME Elizabeth Mae
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____
 17. INFORMANT Miss Mary Diringer (ADDRESS) 7th St Boonville Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE Jan 14th 1933
 19. UNDERTAKER Schmitts Warnehoff (ADDRESS) Boonville Mo.
 20. FILED 113 1933 Gathmuel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12th 1933
 22. I HEREBY CERTIFY, that I attended deceased from Jan 10, 1933, to Jan 12, 1933
 I last saw h. e. alive on Jan 10, 1933. Death is said to have occurred on the date stated above, at 5:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset _____
1871
9587 10711
 Other contributory causes of importance:
Auricular fibrillation
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? none
 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) Heard Ramey, M. D.
 (Address) Boonville 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.

