

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

Do not use this space.

1130

1. PLACE OF DEATH

47 County Laura Registration District No. 247
44 Township Clinton Primary Registration District No. 3018
7 City Clinton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 117

2. FULL NAME

Lazel Kate Mauer

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Russell Arthur Mauer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-7-1903</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>2</u>
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Wright Missouri</u>		
FATHER	13. NAME <u>A. W. Sigler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Kate Stewart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Missouri</u>	
17. INFORMANT (ADDRESS) <u>Arnold Sigler Clinton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>1-3-33</u>		
19. UNDERTAKER (ADDRESS) <u>Lins Funeral Home Clinton, Mo.</u>		
20. FILED <u>1-3</u> 19 <u>33</u> <u>Eed C. Peelor</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1/33
22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932, to 1/1, 1933
I last saw her alive on 1/1/33 at 10:05 P.M. Death is said to have occurred on the date stated above, at 10:05 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
93A
36
Streptococcus Septicemia

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) P. S. Hallingbrook M. D.
(Address) Clinton Mo.

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 23 1933

4 JUL 7 1948