

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

Do not use this space.

1. PLACE OF DEATH
 103 County Stoddard Registration District No. 838
 5 Township Liberty Primary Registration District No. 6509
 4 City Liberty (No. _____) St. _____ Ward _____

2. FULL NAME Sophie Martha Mentzer
 (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.

File No. 4369
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 22

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Retired

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) Georgia

13. NAME Mentzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) G.O.

15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Mentzer (ADDRESS) Liberty

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 1/10

19. UNDERTAKER Cobbins and Co (ADDRESS) Liberty

20. FILED 1/9-1933 F. J. R. Ruel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3rd, 1933, to Jan. 8th, 1933
 I last saw her alive on Jan 8th, 1933 Death is said to have occurred on the date stated above, at 10:29 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute myocarditis Date of onset 4/5/33
Influenza
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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 _____, 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) S. S. Davis, M. D.
 (Address) Liberty

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.

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1832

