

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.

JUN 23 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Middleton
City (No.)

Registration District No. 4-60-
Primary Registration District No. 562010

File No. 137529
Registered No. 6
St. Ward

2. FULL NAME

Eveline Aversman

(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-10-1933</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, <u>8</u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) <u>Middleton Town</u> (STATE OR COUNTRY) <u>Waverly Mo</u>

FATHER	13. NAME <u>Louis Aversman</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Alma</u> (STATE OR COUNTRY) <u>Mo</u>

MOTHER	15. MAIDEN NAME <u>Ira Vellebreu</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Leslie</u> (STATE OR COUNTRY) <u>Mo</u>

17. INFORMANT (ADDRESS) <u>Louis Aversman</u> <u>Waverly Mo</u>
--

18. BURIAL, CREMATION, OR REMOVAL
PLACE <u>Corder Cem.</u> DATE <u>4/11-1933</u>

19. UNDERTAKER (ADDRESS) <u>Asst. J. J. J. J.</u> <u>Alma Mo</u>

20. FILED <u>4-11</u> , 19 <u>33</u> <u>Geo B. Williamson</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to April 11, 1933

I last saw her April 11, 1933. Death is said

to have occurred on the date stated above, at 7:00 A.M.

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

congenital atelectasis

10/1A 16/1A

Other contributory causes of importance

Date of onset

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?

If so, specify

(Signed) Geo A. Keller, M. D.

(Address) Waverly Mo

