

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.

MAY 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 4755  
Township Spring Run Primary Registration District No. 251  
City Verona (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17035  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 William Umrlauf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 7 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Y

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) Christian Co Missouri

13. NAME Thomas Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Sarah Riel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Wm Umrlauf  
Verona

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE May 7 '33

19. UNDERTAKER (ADDRESS) U. P. Wilke  
Verona

20. FILED May 8 1933 W. J. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22nd 1933 to May 6th 1933  
I last saw her alive on May 6th 1933 Death is said to have occurred on the date stated above, at 6:30 PM  
The principal cause of death and related causes of importance were as follows:

Verber's miliary  
59 67  
Other contributory causes of importance:  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Stines 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 \_\_\_\_\_  
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) James O. Reed M. D.  
(Address) Verona Mo

