

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

Do not use this space.

18718

1. PLACE OF DEATH

County Vernon
Township Washington
City Heward (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 128
St. _____ Ward _____

2. FULL NAME Luiguita Hersich

(a) Residence, No. 57 Hwy # 3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 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 1 = 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simon M. Hersich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/11 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Hagenbach Germany

13. NAME Marie Levi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sophie Tura dofi

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

17. INFORMANT (ADDRESS) Dr. Hays - road # 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Burial Park DATE 5/23 1928

19. UNDERTAKER (ADDRESS) Allen V. Hays Nevada, Mo.

20. FILED 6-9- 19 83 E. P. Kump Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1928

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1921, to May 20, 1928
I last saw him alive on May 20, 1928. Death is said to have occurred on the date stated above, at 11:55 P.M.

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

Chronic myocarditis
66B
93C
84
66B
Other contributory causes of importance:
Exophthalmic goiter
Dementia Praecox
Date of onset ?
1924

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) F. L. Martin, M. D.
(Address) Heward

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.

JUN 24 1928

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