

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

Do not use this space.

20849

1. PLACE OF DEATH

99 County St. Charles Registration District No. 913
 Township Linnemann Primary Registration District No. 5996 B
 City Defiance, Mo. No. _____ St. _____ Ward _____

2. FULL NAME

Lena Elizabeth Medes
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Medes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1857

7. AGE YEARS	MONTHS	DAYS	IF LESS than day, hrs. or min.
<u>76</u>	<u>10</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, 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) St. Charles, Mo.

13. NAME John E. Schneider

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

15. MAIDEN NAME Catherine Lafay

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

17. INFORMANT (ADDRESS) Mrs. Clara Kullberg

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannover, Mo. DATE June 21, 1933

19. UNDERTAKER (ADDRESS) Morris Merchants, Hannover, Mo.

20. FILED 6-20 19 33 O. R. Bussness Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 19 33

22. I HEREBY CERTIFY That I attended deceased from June 6, 19 33 to June 20, 19 33
 I last saw him alive on June 19, 19 33 Death is said to have occurred on the date stated above, at 1:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia 4/1/33
971 A
800
92
 Other contributory causes of importance:
Hemiplegia (Right) 11 years ago
Mitral Regurgitation

Name of operation _____ 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) Clara Olney, M. D.
 (Address) Augusta Mo.

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.

MO 26 1933

