

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

Do not use this space.

**FEB 27 1934**

1561

**1. PLACE OF DEATH**

County Jasper. Registration District No. 408

Township Carthage Primary Registration District No. 3020

City Carthage (No. McCune Bros. Hospital) St.          Ward         

File No.         

Registered No.         

St.          Ward         

**2. FULL NAME**

(a) Residence, No. 418 Grand St. St.          Ward         

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Hedge.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5<sup>th</sup> 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>	<u>3</u>	<u>5</u>	

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

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) Carthage Mo.

13. NAME M. K. Miller

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

15. MAIDEN NAME Lena Schmidt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.

17. INFORMANT Charles Hedge

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan 13<sup>th</sup> 1934

19. UNDERTAKER (ADDRESS) Wm. Drake Carthage Mo.

20. FILED Jan 12, 1934 W. B. Bluntow Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10<sup>th</sup> 1934

22. I HEREBY CERTIFY That I attended deceased from 1-2, 1934, to 1-10, 1934

I last saw him alive on Jan. 10, 1934. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Puerperal Septicemia (Streptococ) Date of onset 1-4-34  
14:51  
9:18

Other contributory causes of importance: Secondary Anemia

Name of operation          Date of         

What test confirmed diagnosis?          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? No

If so, specify         

(Signed) W. B. Bluntow, M. D.

(Address) 338 Grand St.

CRUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

MOTHER FATHER

