

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

Do not use this space.

MAR 24 1934

PLACE OF DEATH

County.....
Township.....
City *M. Lewis mo* (No. *6145*, *Gamma ar*)
Registration District No. **791**
Primary Registration District No. **1003**

File No. **7178**
Registered No. **2061**
St. Ward)

2. FULL NAME

(a) Residence, No. *6145 Gamma ar St.*, *1* 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 *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 9 - 1857*
7. AGE YEARS *76* MONTHS *7* DAYS *66*
IF LESS than 1 day, hrs. or min.

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.
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) *Troy Ill*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Hustak Oppermann 6145 Gamma ar*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Frederick Cemetery* DATE *Feb 29 34*

19. UNDERTAKER (ADDRESS) *Stroot & Carroll 4600 North Bridge*

20. FILED *FEB 27 1934* *J. H. Redek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 24 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 22 1934*, to *Feb 24 1934*

I last saw him alive on *Feb 24 1934*. Death is said to have occurred on the date stated above, at *11:50 a.m.*

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

Chronic Myocarditis
age 76
1118
Other contributory causes of importance:
Hypertensive Pneumonia
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) *Ernest Ross*, M. D.
(Address) *1918 1/2 Grand*

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.

