

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

Do not use this space.

1. PLACE OF DEATH

County **Lewis**
Township **Union**
City..... (No....., Ward.....)

Registration District No. **480**
Primary Registration District No. **5645**

File No. **25320**
Registered No. **17**

2. FULL NAME

Dorothy Ruth Feldkamp

(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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Infant**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 22nd 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min. **3 hrs.**

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) **Lewis County Missouri**
(STATE OR COUNTRY)

13. NAME **Karl Fieldkamp**

14. BIRTHPLACE (CITY OR TOWN) **Lewis County, Mo.**
(STATE OR COUNTRY)

15. MAIDEN NAME **Dorothy Ludwig**

16. BIRTHPLACE (CITY OR TOWN) **Lewis County Mo.**
(STATE OR COUNTRY)

17. INFORMANT **Carl Fieldkamp**
(ADDRESS) **La Grange, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Midway** DATE **July 23 1934**

19. UNDERTAKER **A.A. Roberts**
(ADDRESS) **La Grange, Mo.**

20. FILED **July 23 1934** **W. Bell** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 22 1934** to **July 22 1934**
I last saw her alive on **July 22 1934**. Death is said to have occurred on the date stated above, at **10:15** m.

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

Immature Birth
Date of onset
15 1/2

Other contributory causes of importance

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) **P.W. Jennings**, M. D.
(Address) **La Grange, 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.

56
AUG 17 1934

