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.

AUG 14 1934

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

Do not use this space.

25643

1. PLACE OF DEATH
County Montgomery — Registration District No. 596 — File No.
Township — Primary Registration District No. 4350 — Registered No. 19
City Montgomery (No. , St. Ward)

2. FULL NAME Amelia Luelf

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis M. Luelf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31 st 1862

7. AGE — YEARS: 71 — MONTHS: 6 — DAYS: — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Berger Mo

FATHER
13. NAME: John C. Hoech
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Dorthy Ullrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs J. T. Mudd, Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Truxton Mo DATE 7/3/34 19

19. UNDERTAKER (ADDRESS): C. W. Hopkins, Montgomery City Mo

20. FILED July 2 1934 Bull Menefee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1 st 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1934 to July 1st 1934
I last saw her alive on June 1934 Death is said to have occurred on the date stated above, at 6:30 pm
The principal cause of death and related causes of importance were as follows:

Aortic Stenosis — Date of onset

92A

92a

Other contributory causes of importance:

Name of operation none 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?
If so, specify
(Signed) E. W. Tinsley, M. D.
(Address) Montgomery City Mo