

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

Do not use this space.

1. PLACE OF DEATH

County Morgan
Township Hart Creek
City (No.)

Registration District No. 919
Primary Registration District No. 5793 a

File No. 25660
Registered No. 16
St. Ward)

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 28 1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>9</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>1934</u>	
	11. Total time (years) spent in this occupation <u>65</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
FATHER	13. NAME <u>Daniel Stettler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
	15. MAIDEN NAME <u>Anna Guercher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT <u>Christ Stettler</u> (ADDRESS) <u>Marysville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stover Cem</u> DATE <u>July 30 1934</u>		
19. UNDERTAKER <u>C. R. Kapp & Son</u> (ADDRESS) <u>Stover Mo</u>		
20. FILED <u>Aug 10th 1934</u> <u>Dr. Ripberger</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1934

22. I HEREBY CERTIFY That I attended deceased from ✓ 19....., to ✓ 19.....
I last saw her alive on Mar, 1934. Death is said to have occurred on the date stated above, at a m.
The principal cause of death and related causes of importance were as follows:
Unknown found dead in bed.
187A
162
7006
Other contributory causes of importance:
Pneumonia in March 1934 age

Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 Chas & West, M. D.
(Signed) Stover Mo
(Address)

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 15 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

