

DEC 1 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County AdairRegistration District No. 4

Township

Primary Registration District No. 3001City Richville

(No.)

St. Ward

2. FULL NAME

(a) Residence, No. 903 South Bradford St. 4 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)

Married

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

Lloyd Tempelman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

6-1-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day,

hrs.

or

min.

60521

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)

9-2-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lancaster Missouri

FATHER

13. NAME

James Bonds

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

Unknown

MOTHER

15. MAIDEN NAME

Dora Mairs

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

Missouri

17. INFORMANT (ADDRESS)

Lloyd Tempelman 903 S. Bradford St. Richville

18. BURIAL, CREMATION, OR REMOVAL

PLACED Liberty CemeteryDATE 11-14-

1934

19. UNDERTAKER (ADDRESS)

Dee Riley Richville Mo

20. FILED

Nov 13 1934 Spencer Freeman

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12- 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1st 1934 to Nov 12 1934I last saw him alive on Nov 11- 1934 Death is saidto have occurred on the date stated above, at 10:00 a.m.

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

Cerebral of Liver

Date of onset

46

Other contributory causes of importance:

NoneName of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None 1934Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) R. R. Ellis M. D.(Address) Richville Mo

