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.

JUN 1 1935

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

Do not use this space.

13832.

1. PLACE OF DEATH
County Perry
Township Brazeau
City ~~Wittenberg~~ (No. ..... , ... St. ..... Ward)

Registration District No. 657
Primary Registration District No. 5874

File No. .....
Registered No. 6

2. FULL NAME Verna Lorene Leimbach

(a) Residence, No. Wittenberg Mo St., ... 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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1935

7. AGE YEARS 0 MONTHS 0 10 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Perry Co. Mo.

FATHER
13. NAME Albert R Leimbach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Perry Co Mo

MOTHER
15. MAIDEN NAME Amanda Stueve
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenberg Perry Co

17. INFORMANT (ADDRESS) Father of babe

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Altenburg Mo DATE April 23 1935

19. UNDERTAKER (ADDRESS) None

20. FILED 4-23-1935 Adolph G. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5 am 4/22, 1935, to 6 am 4/22, 1935
I last saw her alive on April 22, 1935. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

An attack of vomiting immediate collapse and quick death in 40 min

Date of onset

Other contributory causes of importance:
Probably reopening of Foramen ovale of heart with shock or embolus

Name of operation X Date of X
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? X Date of injury X, 19....
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
X X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X
If so, specify X
(Signed) Evan Note, M. D.
(Address) Wittenberg Mo