

JUN 25 1935

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

Do not use this space.

17312

1. PLACE OF DEATH

County Osage Registration District No. 642
Township Washington Primary Registration District No. 5851
City Argyle (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Katherine Lueffer
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ben. H. Lueffer</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 15 1878</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>10</u>	<u>29</u>	

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1935

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1935, to May 13, 1935, that I last saw her alive on May 13, 1935, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phenitols - sub-acute.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

CONTRIBUTORY (SECONDARY) Hay Fever (duration) yrs. mos. ds. 10

(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Loose Creek
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Schmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Kach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Loose Creek
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. G. Schenck, M. D.
, 19 (Address) Argyle Mo

14. INFORMANT Thelma Wassinger
(Address) Osage Mo

15. FILED July 4 1935 Thos. T. Plaz
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Argyle

DATE OF BURIAL 5/16 1935

UNDERTAKER W. G. Schenck

ADDRESS Osage Mo

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.

16

435

10

