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.

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

Do not use this space.

23569

AUG 16 1935

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1. PLACE OF DEATH

County Lafayette — Registration District No. 466 — File No.

Township Clay — Primary Registration District No. 4622 B — Registered No. 13

City ~~Napoleon~~ (No. , St. Ward)

2. FULL NAME Mrs. Carrie Leweke

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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: A. W. Leweke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10, 1863

7. AGE: YEARS 71 — MONTHS 10 — DAYS 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
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): Drake Missouri

FATHER

13. NAME: Frederick Austermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Florentine Sunkel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wuttenberg Germany

17. INFORMANT (ADDRESS): Florentine Leweke

18. BURIAL, CREMATION, OR REMOVAL
PLACE Napoleon DATE July 25 1935

19. UNDERTAKER (ADDRESS): Vernon M. Reppert Buckner, Missouri

20. FILED July 25 1935 L. W. Marrs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935, to July 23, 1935
I last saw her alive on July 23, 1935. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset: Several yrs

Other contributory causes of importance:

Name of operation: none Date of: X
What test confirmed diagnosis? X Was there an autopsy? no

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
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) J. W. Robertson, M. D.
(Address) Buckner, Mo.

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