

NOV 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No. 32257
Registered No. 103
St. Ward)

2. FULL NAME

Mrs Louisa Hesel
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Hesel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14-1850
7. AGE YEARS 85 MONTHS DAYS 28 IF LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) May 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo13. NAME Henry L. Hofer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Legetta Eckhard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Louise Hesel Boonville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Oct 14 193519. UNDERTAKER (ADDRESS) Goodman & Bolle Boonville Mo20. FILED Oct 14 1935 D. Schoper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14th 193522. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1935, to Oct 12, 1935I last saw him alive on Oct 12, 1935. Death is saidto have occurred on the date stated above, at 3 A. M.

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

Branches Bronchitis
101
Date of onset Oct 6, 1935
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? Chind Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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.

Number of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. B. Carter M. D.(Address) Boonville Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

