

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

Do not use this space.

42156-1

MAR 25 1936

1. PLACE OF DEATH

County Shelby Registration District No. 116
 Township Bechtel Primary Registration District No. 6097
 City Capri (No.) St. Ward)

File No.
 Registered No. 2

2. FULL NAME

(a) Residence, No. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 18 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 13

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) Ill.

FATHER 13. NAME John Miller

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

MOTHER 15. MAIDEN NAME Mary Kroeger

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) M. C. Stiepel

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE Dec - 3 - 1935

19. UNDERTAKER (ADDRESS) Brothers - Kaupman

20. FILED Mch. 10, 1936 Mrs. H. H. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1935, to Dec 2, 1935

I last saw her alive on Dec 2, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

Lobar Pneumonia Date of onset Nov 27, 1935

Other contributory causes of importance: 108

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy?

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.

Manner of injury
 Nature of injury

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

(Signed) E. J. Leonard M. D.
 (Address) Leonard M.D.

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.

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