

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.

Mar 24 1936

7045

1. PLACE OF DEATH

County Osage

Registration District No. 648

Township Cratford

Primary Registration District No. 6849

2. FULL NAME

Scharlotte Lipskoch

(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? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernst Lipskoch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) January 1936 11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Hermany Lipskoch

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Protestant DATE Feb. 16th 1936

19. UNDERTAKER (ADDRESS) Arnold Hummert

20. FILED Feb 14, 1936 Mrs Dorajett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from January 12 1936, to February 13 1936.
I last saw him alive on January 30th 1936. Death is said to have occurred on the date stated above, at 1 P. m.

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

Cirrhosis of Liver Date of onset 1934

12461

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis clinical signs 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. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify E. G. Rhodius (Signed) _____, M. D.

(Address) Bay Mo

