

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.

22 1936

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

Do not use this space.

15877

1. PLACE OF DEATH

County Lewis Registration District No. H 79
Township La Belle Primary Registration District No. H 288
City La Belle, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME

M. Lizzie Jussapa Michel
(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 55 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 Jacob Michel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1856

7. AGE YEARS 80 MONTHS 3 DAYS 15 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. —

10. Date deceased last worked at this occupation (month and year) April 1934 11. Total time (years) spent in this life occupation life

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

FATHER 13. NAME Johann Michel

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

MOTHER 15. MAIDEN NAME Mary Schwartz

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

17. INFORMANT Veta Michel (ADDRESS) La Belle, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Steffensville DATE April 27, 1936

19. UNDERTAKER Thomas Ball Bon (ADDRESS) Evans, Mo.

20. FILED 4/28 1936 J. A. Bourne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27th 1936

22. I HEREBY CERTIFY That I attended _____ passed from Mar 9 - 1934 to April 27, 1936
I last saw her alive on April 27, 1936 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 1934

Other contributory causes of importance:
Cardiovascular Renal disease

Name of operation None Date of _____
What test confirmed diagnosis Physical Was there an autopsy? No

28. 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 ✓

29. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) A. H. Leonard _____, M. D.
(Address) La Belle Mo.

1936-4-27
1856-1-12
80-3-15

光緒三十四年