NOV 28 1936

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

Do not use this space.

38015

1. PLACE OF DEATH
County: Jasper
Registration District No.: 408
Township:
Primary Registration District No.: 3020
City: Carthage (No. ..... St. ..... Ward)
File No.:
Registered No.:

2. FULL NAME: Ardelia Veith
(a) Residence, No.: McCune Brooks Hospital Ward. Lawrence Co., Mo.
(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: F.
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: L. E. Veith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 5, 1879

7. AGE: Years 57 Months 1 Days 17 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): Oct 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stotts City Mo

FATHER
13. NAME: E. J. Braustetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. James Mo

MOTHER
15. MAIDEN NAME: Sarah Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. James Mo

17. INFORMANT (ADDRESS): L. E. Veith Stotts City Mo

18. BURIAL, CREMATION, OR REMOVAL: Evergreen Cem DATE Oct 24, 1936

19. UNDERTAKER (ADDRESS): Engelage Funeral Home Sarcoxie Mo

20. FILED Oct 24, 1936 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Oct 22, 1936. I last saw her alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Ruptured appendix	

Name of operation: Drainage Date of Oct 1936
What test confirmed diagnosis? pus 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? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Sarcoxie Mo.

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.