

DEC 18 1936

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

Do not use this space.

40583

## 1. PLACE OF DEATH

County Cafe, Louisiana  
Township St. Louis  
City Bayou La Batre, Ala.

Registration District No. 125  
Primary Registration District No. 3089  
No. 1438, Bessie St

File No. \_\_\_\_\_  
Registered No. 386  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. New Orleans La. ca. Ward New Orleans, La.  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6-1871

7. AGE YEARS 65 MONTHS 4 DAYS 3 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caledonia Mo.

13. NAME William Towle

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

15. MAIDEN NAME Anne Kendall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo.

17. INFORMANT Wm. R. Lence  
(ADDRESS) New Orleans La.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Potosi Mo. DATE Nov 11 1936

19. UNDERTAKER Walthers Funeral Home  
(ADDRESS) Cafe, Louisiana Mo.

20. FILED 1-9 1936 J. M. Lounsbury  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1936 to Nov 9 1936

I last saw him alive on Nov 6 1936 Death is said to have occurred on the date stated above, at 3:45 pm.

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

Myocarditis c. hypertrophy  
and dilatation

Other contributory causes of importance Coronary atherosclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? All 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) Carl Adl Brummelmann, M. D.  
(Address) Cafe, Louisiana

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.

