

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH

County Franklin

Registration District No. 297

Township Washington

Primary Registration District No. 3016

City Washington (No. 1)

File No. 10087

Registered No. 44

St. Neer, Mo. Ward 1

2. FULL NAME

Lebara Voss

(a) Residence, No. Neer, Mo.

(Usual place of abode)

St. Neer, Mo.

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ✓ ds. How long in U. S., if of foreign birth? 1 yrs. 1 mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED (USUAL PLACE OF ABODE) (OR) WIFE OF <u>Louis W. Voss</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 23, 1870</u>		
7. AGE <u>66</u> YEARS	MONTHS <u>8</u>	DAYS <u>28</u>
If LESS than 1 day, <u>28</u> hrs. or <u>28</u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Neer, Mo.</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Neer, Mo.</u>		
FATHER	13. NAME <u>Fred. Schmitt</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Margaret Neine</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Edw. Voss</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Beaufort, Mo.</u>		
19. UNDERTAKER <u>E. H. Hemmel</u>		
20. FILED <u>May 21, 1937</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1937

22. I HEREBY CERTIFY that I attended deceased from April 15, 1937 to May 21, 1937

I last saw her alive on May 21, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

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

Other contributory causes of importance:
heart failure

Name of operation none Date of no

What test confirmed diagnosis biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

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

If so, specify no

(Signed) R. R. Calkins M. D.
(Address) Washington, Mo.

6.10.11