

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

Do not use this space.

AUG 19 1937

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Trotter Primary Registration District No. 5192
City Carrollton (No. _____) St. _____ Ward _____

File No. 26908
Registered No. 58

2. FULL NAME

Ethel Simpson Falke

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to July 14, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1887

I last saw her alive on July 10, 1937. Death is said to have occurred on the date stated above, at 9:47 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
53 10 17

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

mitral insufficiency Date of onset _____

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trotter Mo. - Carroll

Name of operation _____ Date of _____

13. NAME Chas. H. Simpson

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Anna Kauffman

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Wm Falke
(ADDRESS) R.R. 1, Carrollton Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Beatty Cem. DATE 7-16-37

Nature of injury _____

19. UNDERTAKER Stanley
(ADDRESS) Carrollton Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

20. FILED 7-16-1937 Ruth Hocking
Registrar

(Signed) A. Hamilton Stator M. D.
(Address) Carrollton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

