

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jefferson

Registration District No. 423

Township Rock

Primary Registration District No. 5578

City

(No.)

St.

Ward)

File No. 37981

Registered No. 30

2. FULL NAME Lydia C. Longhibler

(a) Residence, No. Kirkwood Route 12 St., Ward.
(Usual place of abode) Life (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 6 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Kirkwood Route 12
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME Robert L. Longhibler

14. BIRTHPLACE (CITY OR TOWN) Fenton Mo.
(STATE OR COUNTRY)

MOTHER FATHER
15. MAIDEN NAME Thressa Schlecht

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

17. INFORMANT Robert L. Longhibler
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill DATE 10/20/37, 19..

19. UNDERTAKER Kenneth W. Koch
(ADDRESS) Fenton Mo.

20. FILED Oct 19 1937 Phil J. Kirk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11th, 1937 to Oct. 17th, 1937

I last saw her alive on Oct. 17th, 1937. Death is said to have occurred on the date stated above, at 6P. M.

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

Diphtheria

Date of onset
11/15
1937

Other contributory causes of importance:

Septic tonsillitis

Date of onset
11/15
1937

Name of operation none Date of
What test confirmed diagnosis? Clinical 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?
If so, specify no
(Signed) W. Dalton, M. D.

(Address) Fenton 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.

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