

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Tamworth City (No. St. Joseph Hospital) St. _____ Ward _____

File No. 1615
Registered No. 303

2. FULL NAME

(a) Residence, No. 4137 Euclid St. _____ Ward _____
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day,hrs.	ormin.
	<u>78</u>	<u>0</u>	<u>25</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) New York 1

13. NAME Frank Lieb 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

15. MAIDEN NAME Unknown

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

17. INFORMANT M. M. Penn
(ADDRESS) Excelsior Spgs.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elston, Mo. DATE 1-22 1918

19. UNDERTAKER Rose + Henderson
(ADDRESS) 15 + Jackson

20. FILED Jan 20 1938 M. D. Rayson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/13/37, 1937, to 1/19/38, 1938

I last saw her alive on 1/19/38, 1938 Death is said

to have occurred on the date stated above, at 1:45 A. M.

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

Cerebral Thrombosis with R hemiplegia

Other contributory causes of importance:
Chronic myocarditis
endocarditis

Name of operation no Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1938

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 _____ (Signed) R. Clapp, M. D.
(Address) 1103 Grand

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.

Mr. Ralph Coffey -
Professional Bldg.

13-27
RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH