

REC'D MAY 18 1938

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

Do not use this space.

14

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. 14210
Township Millersburg Primary Registration District No. 5156 Registered No. 106
City No. St. Ward

2. FULL NAME

Letha Margaret Siebels 147

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eilt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Germany

FATHER 13. NAME Meant Mentel

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

MOTHER 15. MAIDEN NAME WIK

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

17. INFORMANT (ADDRESS) A. B. Glanard
Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grav. Hill DATE Apr. 23, 1938

19. UNDERTAKER (ADDRESS) Lesly Wallace
Fulton, Mo

20. FILED Apr 23 1938 R. M. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1938

I HEREBY CERTIFY, That I attended deceased from Jan 10 1934, to 4-21 1938
I last saw him alive on April 5 1938 Death is said

to have occurred on the date stated above, at 10 a.m.

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

Arterio-sclerosis Date of onset ?
95 B 3 -
Cardiac Insufficiency ?

Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? W 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) R. M. Crews, M. D.
(Address) Fulton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS showing state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

