

DEC'D AUG 9 1938

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

25402  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Grundy Registration District No. 328  
(b) Township Trenton Primary Registration District No. 3017 Registered No. \_\_\_\_\_  
(c) City Trenton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

ELMIRA - PERSELL 624  
(a) Residence, No. TRENTON - MISSOURI St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24<sup>th</sup> - 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 1 12  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Iowa  
13. NAME Isaac Stottmeyer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Jane Ann Baderon  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) Charles Perrell  
Trenton, Missouri  
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE July 8<sup>th</sup> 1938  
19. FUNERAL DIRECTOR (ADDRESS) Rever. C. Davis #13216  
Trenton, Missouri  
20. FILED 7-8-38 Jenett Fair  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6<sup>th</sup> 1938  
22. I HEREBY CERTIFY, That I attended deceased from about June 1, 1938, to July 6, 1938  
I last saw her alive on about July 1, 1938. Death is said to have occurred on the date stated above, at 7:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
131  
Other contributory causes of importance:  
Chronic Interstitial Nephritis  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Blood Pressure 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? No  
If so, specify \_\_\_\_\_  
(Signed) E.A. Duffey M. D.  
(Address) Trenton, Mo

STATEMENT BY LICENSED EMBALMER

I, Ben C. Davis, Licensed Embalmer No. 3216

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... I. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Ben C. Davis

Licensed Embalmer No. 3216

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**