

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

25799
Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH
 (a) County Lewis Registration District No. 477
 (b) Township Dickerson Primary Registration District No. 5646 Registered No. 44
 (c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Amelia Bronestine 659
 (a) Residence, No. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17th 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) Fall Creek Ill.

FATHER 13. NAME Andrew Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Lena Schreiher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT E.F. Bronestine
 (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton DATE July 10th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.A. Roberts
La Grange, Mo.

20. FILED July 9 1938 H.W. Harris
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1938

22. I HEREBY CERTIFY That I attended deceased from July 2 1938 to July 7 1938
 I last saw Dr. alive on July 7 1938. Death is said to have occurred on the date stated above, at 4:30 m.
 The principal cause of death and related causes of importance were as follows:
Dilatation of right auricle of heart.
Arteriosclerosis.
 Other contributory causes of importance:
Hypertension.

Name of operation..... Date of.....
 What test confirmed diagnosis? Colonial 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) Dr. J. E. Can La Grange Mo.
 (Address) La Grange 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

on 7th of July 1935

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

A. A. Roberts

Licensed Embalmer No. _____

1626

P. O. Address _____

La Grange, Ill.

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.)

If this body is not embalmed, above space should be left blank.