

NOV 10 1938

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

35049
Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger Registration District No. 67
 (b) Township Liberty Primary Registration District No. 5-1674 Registered No. _____
 (c) City Saxon (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ada Ann Torgel
 (a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1878

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 A. m.

7. AGE YEARS 60 MONTHS 2 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. House keeper
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Sudden by shooting her self with gun. Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

Other contributory causes of importance: 15'

FATHER 13. NAME Robert Walker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Clara Simon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

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.

17. INFORMANT (ADDRESS) Mr John Torgel

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cemetery DATE Nov 24 1938

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) Andrew J. Baker M. D.
 (Address) St. Louis, Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Advanced Prof.

20. FILED Nov 5 1938 Mo. State Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER
CERTIFICATE NO. _____
ISSUED _____

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, _____

or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35049
Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger Registration District No. 67
 (b) Township Liberty Primary Registration District No. 5104
 (c) City _____ (d) Street No. _____ St. _____
 (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. ds. 0 How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 5

2. PRINT FULL NAME

Ada Ann Loyd
 (a) Residence, No. _____ St. 1 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Loyd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1878
 7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 60 2 12
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 - 38
 22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Suicide by shooting
hereby with gun
 (Date of onset)
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.
 FATHER
 13. NAME Robert Walker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 MOTHER
 15. MAIDEN NAME Clara Simpson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 17. INFORMANT (ADDRESS) Mr. John Loyd
 18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cemetery Oct 31, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Lloyd S. Morgan
Advanced
 20. FILED 3-25 1939 Mrs. H.A. News Dept.
 Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? _____
 Specify Andrew J. Baker
 (Address) Lutesville Mo.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS

S-35049