

REC'D MAY 10 1939

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

15748
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 660
(b) Township..... Primary Registration District No. 4396 Registered No.....
(c) City Perryville Mo. (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lizzie May Voelker

(a) Residence, No. 426 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

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 Bede M. Voelker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 3 21

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 Wife
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) Perry Co. Mo.

FATHER 13. NAME Leon Monia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. MO.

MOTHER 15. MAIDEN NAME Margaret Coffelt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. MO.

17. INFORMANT Bede M. Voelker (ADDRESS) Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo. DATE May 2 1939

19. FUNERAL DIRECTOR (NAME) Young & Sons (ADDRESS) Perryville Mo.

20. FILED May 1 1939 Jose J. Zeller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1936, to April 29 1939. I last saw her alive on April 27 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Angina Pectoris

94 W

Date of onset 1/4/36+

Other contributory causes of importance: Essential Hypertension

Name of operation None Date of.....
What test confirmed diagnosis? Clinical 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) Bernard T. Keon M. D.
Perryville, Mo. (Address)

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.

MAY 17 1944

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. *2138*

P. O. Address *Payroll mo*

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.