

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

Do not use this space.

JUN 20 1939

18181

1. PLACE OF DEATH

County Caldwell,
Township Davis,
City Braymer, (No.)

Registration District No. 97
Primary Registration District No. 4055

File No.
Registered No. 8 Ward

2. FULL NAME 530 Louise Locknitz Smith,

(a) Residence, No. St. 1st. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED,
(OR) WIFE OF Geo. P. Smith,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.-8th., -1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>4</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work,

10. Date deceased last worked at this occupation May 19th, 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wittenburger, (STATE OR COUNTRY) Germany,

13. NAME Ferinand Locknitz,

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

15. MAIDEN NAME Sophia Haverland,

16. BIRTHPLACE (CITY OR TOWN) Germany, (STATE OR COUNTRY)

17. INFORMANT Geo. P. Smith (ADDRESS) Braymer Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cemetery, May-15th, 39

19. UNDERTAKER C. P. Michael (ADDRESS) Braymer Mo.

20. FILED May 15 1939 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, that I attended deceased from Mar-10-1939 to May-12-1939

I last saw her alive on May-12-1939 Death is said to have occurred on the date stated above, 2:30 P.M.

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

Heart Block Date of onset
Stokes-Adams disease

Other contributory causes of importance: 97
Arterio-Sclerosis

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Cardinal B. Haddock, M. D.
(Address) Braymer, 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.

J 93914

RECEIVED

District Health Officer No. 11,

District File Number 11-39-712

Date Filed JUN 19 1939