

FILED APR 23 1940

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

Do not use this space.

112228

1. PLACE OF DEATH *Emmans Home*
County *St. Charles* Registration District No. *757*
Township *St. Charles* Primary Registration District No. *5998*
City (No. *2*) St. _____ Ward _____
2. FULL NAME *Miss Lisetta Mattern*
(a) Residence, No. _____ St. _____ Ward *Donnellson, Iowa*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *3* yrs. *4* mos. *8* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 26, 1853*
7. AGE YEARS *86* MONTHS *4* DAYS *10* If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dressmaker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 6, 1940*
22. I HEREBY CERTIFY, That I attended deceased from *Mar. 4, 1940*, to *Mar. 6, 1940*
I last saw him alive on *Nov. 5, 1940*. Death is said to have occurred on the date stated above, at *2:10 A.M.*
The principal cause of death and related causes of importance were as follows:
1. Uraemia. Mar. 1940
2. duob. Chronic Interstitial nephritis. 2 yrs.
3. duob. Gen. Arteriosclerosis.
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lee County, Iowa*
13. NAME *John Mattern*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rhein-Pfalz, Germany*
15. MAIDEN NAME *Caroline Christine Schock*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wuerttemberg, Germany*
17. INFORMANT *Theophil Stoelker* (ADDRESS) *St. Charles, Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Donnellson Iowa* DATE *March 8, 1940*
19. UNDERTAKER *Robert Agnew* (ADDRESS) *Donnellson Iowa*
20. FILED *3/6/40* *Clarence S. Messer* Registrar.

Name of operation *None* Date of _____
What test confirmed diagnosis? *Sugar* 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 _____
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? If so, specify _____
(Signed) *A. Berich Schurz* M. D.
(Address) *St. Charles, Mo.*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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