

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.

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

Do not use this space.

FILED OCT 6 1943

31517

1. PLACE OF DEATH
 County Cooper Registration District No. 82
 Township Boonville Primary Registration District No. 3017
 City Boonville St. _____ Ward _____

2. FULL NAME Mary Elizabeth Hustedde
 (a) Residence, No. St. Joseph's Hospital St. _____ Ward _____
 (Usual place of abode) West Glasgow, Mo.
 Length of residence in city or town where death occurred yrs. 1 mos. 13 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. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1876

7. AGE YEARS 67 MONTHS 2 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) March 1943 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Glasgow Mo.

MOTHER FATHER

13. NAME Clement Cruise

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

15. MAIDEN NAME Not known

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

17. INFORMANT Miss Octavia Hustedde (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mary's DATE Sept. 11, 1943
West Glasgow, Mo.

19. UNDERTAKER Luemonth (ADDRESS) W. Chas. Swap
Boonville, Mo.

20. FILED 9-10- 1943 W. Chas. Swap
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1943 to Sept 8, 1943

I last saw her alive on Sept 8, 1943 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary embolism Date of onset 7/26/43
Chronic myocarditis 93d 5 yrs
Hypertension 18 yrs

Other contributory causes of importance:
Pulmonary infarct, multiple 5 mo. recurrent

Name of operation Thyroidectomy Date of _____ 8/26/43
 What test confirmed diagnosis? Chemical Was there an autopsy? No
Labatory

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) W. Chas. Swap, M. D.
 (Address) Boonville, Mo.

1088

RECEIVED

Public Health Officer No. 8,

District File Number.....

Date Filed 10-1-43

This body was embalmed by me.

Ed. Freeman

Missouri License 3978