

MAR 24 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Monticau  
Township Walker  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 571  
Primary Registration District No. 5769

File No. 6893  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

13. NAME Lewis Death

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

15. MAIDEN NAME Mary Edna Reichel

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

17. INFORMANT (ADDRESS) Lewis Death  
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 2/11 1936

19. UNDERTAKER (ADDRESS) Waldquist & Friedmeyer  
California Mo

20. FILED 2-8-36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 2nd 2 1936 to 2/10 1936

I last saw her alive on 2/8 1936 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:

Parulox Therman  
Oval Date of onset \_\_\_\_\_

Other contributory causes of importance: W

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 \_\_\_\_\_, 1936

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) H. K. Roberts, M. D.  
California 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.

