

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

Do not use this space.

14105

1. PLACE OF DEATH

County Moniteau
Township Barren Fork
City (No.)

Registration District No. 214
Primary Registration District No. 5774B

File No.
Registered No. 18

2. FULL NAME

Elhemena Catherine Siebert

(a) Residence No. St. Ward.

(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 | 9 | 27 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniteau Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Fritz Althoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mie Brackington

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT C. C. Siebert
(Address) M. C. Gust Mrs

15. FILED 1928 Hugh Culac
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1928

17. I HEREBY CERTIFY, That I attended deceased from April 3 1928, to April 5 1928 that I last saw him alive on April 5 1928, and that death occurred, on the date stated above, at 12 noon.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
2 1/2 hrs (duration) yrs. mos. ds. 2 ds.
CONTRIBUTORY Influenza
(SECONDARY) (duration) yrs. mos. ds. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) C. S. Glover, M. D.

 , 19 (Address) Russellville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem Cemetery DATE OF BURIAL April 7 1928

20. UNDERTAKER Hugo Schubert ADDRESS Russellville

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.

