

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

Do not use this space.

MAR 24 1936

1. PLACE OF DEATH

County Monroe
Township Walker
City Stella (No. 1)

Registration District No. 571
Primary Registration District No. 5769

File No. 6891

Registered No. 7 Ward)

2. FULL NAME

(a) Residence, No. Stella Myrtle Liebert St. 1 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1874

7. AGE YEARS 59 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

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) Monroeville Co Mo

FATHER 13. NAME Monroe Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroeville Co Mo

MOTHER 15. MAIDEN NAME Minnie Barnhart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroeville Co Mo

17. INFORMANT (ADDRESS) W B Cook California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bayview Cem DATE 2/4 1936

19. UNDERTAKER (ADDRESS) Vallejos & Fred Meyer California Mo

20. FILED 2-2-1936 W B Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 1 - 31 - 1936, to 2 - 1 - 1936

I last saw her alive on 2 - 1 - 1936 Death is said to have occurred on the date stated above, at 5 P m.

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

Chronic Bronchitis Date of onset

Other contributory causes of importance: Acute Lobar Pneumonia

Name of operation None Date of —

What test confirmed diagnosis? Clinical 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 —, 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 B Cook M. D.

(Address) California Mo.

