

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

Do not use this space.

13729

1. PLACE OF DEATH

94 County St. Francois
Township Berry
City _____ (No. _____)

Registration District No. 775-
Primary Registration District No. 6020

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Bonne Terre Route 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 White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 9 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) 10

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY) 13

14. INFORMANT Ford E. F. Meyer
(Address) Bonne Terre Route 1

15. FILED 4/13, 1932 V. C. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13, 1932
17. I HEREBY CERTIFY, That I attended deceased from March 15, 1932 to April 13, 1932 that I last saw her alive on March 31, 1932 and that death occurred, on the date stated above, at 12-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Longermet right foot and leg
98 B
102 (duration) 1 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED At Home
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Lee Turley M. D.
4-13, 1932 (Address) Bonne Terre

*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 Primrose Cemetery
DATE OF BURIAL 4/14, 1932

21. UNJERTAKER Benham Und. Co.
ADDRESS Bonne Terre Mo.

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. MAY 8 1932

