

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

PLACE OF DEATH
County Stoddard
Township Liberty
or
Village Shower Mo.
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 836 File No. 42644
Primary Registration District No. 698a Registered No. 77

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Louise Stimmeth

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| SEX <u>Female</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u> |
| DATE OF BIRTH <u>December 6, 1911</u> (Month) (Day) (Year) | | |
| AGE _____ yrs. _____ mos. <u>9</u> ds. | | If LESS than 1 day, _____ hrs. or _____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Shop aut</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Shower Mo.</u> | | |
| PARENTS | NAME OF FATHER <u>Ben Stimmeth</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u> | |
| | MAIDEN NAME OF MOTHER <u>Cora Barton S</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
December 14, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from at Birth only 1911, to _____, 1911, that I last saw her alive on Dec 6th, 1911, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Not Known to Me

NOOB
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Not Known to Me
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Meeks M. D.
Dec 15, 1911 (Address) Powers Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

| | |
|--|--|
| PLACE OF BURIAL OR REMOVAL <u>Louise Church</u> | DATE OF BURIAL <u>Dec. 15, 1911</u> |
| UNDERTAKER <u>None</u> | ADDRESS <u>X</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ben Stimmeth
(ADDRESS) Powers Mo.

Filed Dec 19, 1911 T. Callan
REGISTRAR

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.

