1 2 1928

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

Do not use this space.

32548

1. PLACE OF DEATH
County Vernon
Township Canton
City ~~Nevada Mo~~ (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6160
File No. .....
Registered No. 230

2. FULL NAME Louisa Charlet
(a) Residence. No. Mineburn Iowa St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 5 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 - 1858

7. AGE: 69 YEARS | MONTHS: 10 | DAYS: 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wf
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

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

14. INFORMANT Rembert E. Charlet
(Address) Mineburn Iowa

15. FILED 10/9 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/5 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/4, 1928 to 9/8, 1928 that I last saw h. ~~[illegible]~~ alive on 9/4, 1928, and that death occurred, on the date stated above, at 3 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral obstruction
924
112
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) asthma
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mineburn Iowa
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. P. Smith, M. D.
, 19 (Address) Nevada 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: Mineburn, Ia
DATE OF BURIAL: Sept 11 1928

20. UNDERTAKER: Ferry Funeral Home
ADDRESS: Nevada 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.