

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

Do not use this space.

1976

1. PLACE OF DEATH

County Linn
Township Brookfield mo
City Brookfield mo (No. _____)

Registration District No. 496
Primary Registration District No. 3025

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 423 Shelby St. 1st Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>H Gortache</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 18-1861</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>
	DAY <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housewife</u> 2		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>239</u>		
(c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Linn mo
(STATE OR COUNTRY)

10. NAME OF FATHER Lewis Hallenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Linn mo

12. MAIDEN NAME OF MOTHER Francis Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Linn mo

14. INFORMANT W. W. Ramsey
(Address) Brookfield mo

15. FILED 1-5-31 Bessie M. Fox
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun. 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 3, 1931 that I last saw her alive on Jan 3, 1931, and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracturing Skull-Base
Struck by automobile as
she was crossing street,
near her home (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Automobile Accident
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
Sudden

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. H. Spauldy M. D.
, 19 _____ (Address) Brookfield 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 Rose Hill DATE OF BURIAL 1/6/31

20. UNDERTAKER Abner Ralins ADDRESS Brookfield 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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58
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