

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

Do not use this space.

370

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township " Primary Registration District No. 3204
 8 City " (No. 203) S Middle St. " Ward "

2. FULL NAME Margret Liles
 (a) Residence, No. " St. " 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>77</u>	<u>6</u>	<u>27</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) Cape Girardeau, Mo.

FATHER
 13. NAME Louis Rath
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 10

MOTHER
 15. MAIDEN NAME Lusetta Kallas
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Misses Guston (ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Larimer Cemetery June 16, 1932

19. UNDERTAKER Lorberg & H Co (ADDRESS) Cape Girardeau, Mo.

20. FILED 1/15, 1932 W. C. Kasper Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1930, to 1-14, 1932
 I last saw her alive on 1-13, 1932 Death is said to have occurred on the date stated above, at 1245 a.m.
 The principal cause of death and related causes of importance were as follows:
82A
107A
Cerebral Hemorrhage
(Apoplexy)
 Other contributory causes of importance:
Pneumonia (Broncho)

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No

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?
 If so, specify None
 (Signed) W. C. Kasper M. D.
 (Address) Cape Girardeau, 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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

23 1932

