

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

Do not use this space.

32193

1. PLACE OF DEATH

County Jackson
Township Vair
City K 6 mo

Registration District No. 399
Primary Registration District No. 1002
(No. St. Joseph Hosp.)

File No. 3718
Registered No. 3718
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mrs Louis Dieg St. _____ Ward _____
(Usual place of abode) Overland Park Ks. (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 <u>J</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF <u>Louis Dieg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 1901</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>3</u>
	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home 23'</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 26, 32</u>	
	11. Total time (years) spent in this occupation <u>11 years</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evansville Ind.</u>		
FATHER	13. NAME <u>Enoch Elitzfman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evansville Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Carole Wolf</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evansville Ind.</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk St. Joseph Hosp.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Overland Park</u> DATE <u>10-4</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Hoge Funeral Home Overland Park Ks.</u>		
20. FILED <u>10-4-</u> 19 <u>32</u> <u>M. M. Crowe</u> Registrar.		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1932, to Oct. 4 1932
I last saw her alive on Oct 4 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
1. Acute Peritonitis
2. Acute Toxic Nephrositis
3. Acute Dilatation of Heart
Date of onset 9/22/32

Other contributory causes of importance:
140 93A
Urinary infection 9.5B
(cystitis & chlamydia) 9/22/32

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____
(Signed) St. Joseph, M. D.
(Address) 1318 Bryant St., K.C., 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 CAPITAL LETTERS

