

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

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.

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

Do not use this space.

1. PLACE OF DEATH

County Adair
 Township Kirkville
 City Kirkville

Registration District No. 4
 Primary Registration District No. 3001

File No. 8363
 Registered No. 64
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 508 N. Frank St., 1 Ward.

(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Adair Co
 (STATE OR COUNTRY) Mo

13. NAME John A. Deibel

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

15. MAIDEN NAME Elizabeth Hyde

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

17. INFORMANT John Deibel
 (ADDRESS) 211 Kirkville

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cath DATE 3/22 1933

19. UNDERTAKER Summers & Son
 (ADDRESS)

20. FILED 3-29 1933 Mrs O. H. Beck
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/33, 1933
 22. I HEREBY CERTIFY That I attended deceased from Mar 16, 1933 to Mar 20, 1933
 I last saw her alive on Mar 20, 1933 Death is said
 to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Stroke Apoplexy
Embolus cerebri
 Other contributory causes of importance: Chronic Endocarditis

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1933
 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? no
 If so, specify _____

(Signed) Ray M. Wolf, M. D.

(Address) Kirkville

