

AUG 30 1934

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

Do not use this space.

28629

File No. Aug 16-34
Registered No. 70

1. PLACE OF DEATH

County Cedar
Township Linn
City Stockton (No.)

Registration District No. 165
Primary Registration District No. 4097

St. Ward

2. FULL NAME

Louise Firestone

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1869

7. AGE YEARS 64 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

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. Housewife

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) Cedar Co., Mo.13. NAME David Broyles14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co., Mo.15. MAIDEN NAME Missouri Hummered16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknowen17. INFORMANT (ADDRESS) M. H. Firestone

18. BURIAL, CREMATION, OR REMOVAL.

PLACE Luther Train DATE Aug 11, 1934

19. UNDERTAKER (ADDRESS) Davis & Co20. FILED Aug 16, 1934 D. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 193422. I HEREBY CERTIFY, That I attended deceased from Aug 10 - 1934, to Aug 10, 1934

I last saw him alive on Aug 9 - 1934 Death is said to have occurred on the date stated above, at 4.4 a.m.

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

Diabetic gangrene of leg - complicated by diabetic coma.

Other contributory causes of importance: 59

Name of operation..... 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....., 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) A. H. Sumrell, M. D.(Address) Stockton 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.

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