

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

Do not use this space.

27154

1. PLACE OF DEATH *Lafayette* Registration District No. *1457*
 County *Lafayette* Primary Registration District No. *5-621B*
 Township *Woodrow*
 City (No.) St. Ward)

2. FULL NAME *Sophia Deke*
 (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

MEDICAL CERTIFICATE OF DEATH

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 OF (OR) WIFE OF *Nevry Deke*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 26 - 1850*

7. AGE YEARS *86* MONTHS *4* DAYS *26* If LESS than 1 day, hrs. or min.

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

FATHER
 13. NAME *Nevry Hartman*
 14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME *Dorothy Bruner*
 16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

17. INFORMANT *Emil Deke* (ADDRESS) *Concordia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Pauls Lutheran Church* DATE *July - 24 - 1936*

19. UNDERTAKER *N. J. Deussing* (ADDRESS) *Concordia, Mo*

20. FILED *July 24, 1936* *Derdinand Shryman* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July - 22 - 1936*

22. I HEREBY CERTIFY (That I attended deceased from *July 18, 1936* to *July 22, 1936* I last saw her alive on *July 22, 1936* at *12 P.* Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Heart exhaustion
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 Other contributory causes of importance:
age

Name of operation Date of
 What test confirmed diagnosis? 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? *No*
 If so, specify
 (Signed) *Derdinand Shryman*, M. D.
 (Address) *Concordia 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.

