

DEC 16 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH10994  
Do not use this space.

## 1. PLACE OF DEATH

(a) County clay Registration District No. 205  
 (b) Township Liberty Primary Registration District No. 5280  
 (c) City Liberty Mo (d) Street No. Liberty 3012 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 108

## 2. PRINT FULL NAME

Ida E. Flaherty  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper  
 9. Industry or business in which work was done, as 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)  
Massena Iowa

13. NAME Fred Keisel

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

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS)  
L. B. Breaton Maple Park Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
Green Lawn Keokuk Iowa 12/14 1937

19. FUNERAL DIRECTOR (ADDRESS)  
Brothers & Juninger Liberty Missouri

20. FILED 12/13 19 7 E. T. Branch Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1937, to 12-2, 1937

I last saw her alive on 12-2-37, 19... Death is said to have occurred on the date stated above, at 3 P.M.

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

Cerebral Hemorrhage

Date of onset  
12-2-37

Other contributory causes of importance  
Hypertension 800!

Name of operation none Date of  
 What test confirmed diagnosis? Clinical 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? no

If so, specify  
 (Signed) Dr. J. H. Sturdivant M. D.  
 (Address) Liberty, Mo.

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**