

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.

JAN 17 1938

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

Do not use this space.

43972

1. PLACE OF DEATH

County Jackson
Township Flaw.
City Stansbury (No. 401 E. 36th)

Registration District No. 397
Primary Registration District No. 1002

File No. _____
Registered No. 4875
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 401 E. 36 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

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Same.
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) (STATE OR COUNTRY) Germany

13. NAME Musburger

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

15. MAIDEN NAME Mrs. Lueter

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

17. INFORMANT Fred. Spear
(ADDRESS) 3734 Wayne

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Meriah DATE Dec. 10 1937

19. UNDERTAKER Eylar Funeral Home
(ADDRESS) 75. C. mo

20. FILED Dec. 4 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Dec 1937
I first saw her alive on Dec 2 1937 Death is said to have occurred on the date stated above, at 1:45 P.M.

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

5th Broncho Pneumonia 11-27-37

Other contributory causes of importance: 1860

Fractured hip
June 37

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? acc Date of injury 6-7 1937

Where did injury occur? Home 2901 Victor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell in home

Nature of injury Fracture head of femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wm. G. Fair, M. D.

(Address) 500 W. 4th St. Bldg.

