

REC'D APR 19 1938

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

10670

Do not use this space.

1. PLACE OF DEATH  
 (a) County FRANKLIN Registration District No. 295  
 (b) Township BOONE Primary Registration District No. 5415A Registered No. 10  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Schrelda Riske 200  
 (a) Residence, No. Sullivan, Mo. 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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED <del>HUSBAND OF</del> (OR) WIFE OF <u>Harry Riske</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 10, 1910</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>4</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		DAYS
9. Industry or business in which work was done, as saw mill, bank, etc.		IF LESS than 1 day, ..... hrs. or ..... min.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Sullivan,</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Henry Soetebier</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Sullivan</u> (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Tillie Landing</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Sullivan</u> (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Harry Riske</u> (ADDRESS) <u>Sullivan, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cave Springs</u> DATE <u>Mar. 13,</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>Thos. P. Shaffer</u> (ADDRESS) <u>Sullivan, Missouri</u>		
20. FILED <u>3/12</u> 19 <u>38</u> <u>Edgar W. Laffoon</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1938, to March 10 1938  
 I last saw her alive on March 4 1938 Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Puerperal infective-exhaustive psychosis  
145a  
 Date of onset Feb 4 1938

Other contributory causes of importance:  
child birth - Jan 20 - 1938  
Pulmonary tuberculosis - few months  
gone  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Microsc. 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) E. L. Proctor, M. D.  
 (Address) Sullivan, 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.

**STATEMENT BY LICENSED EMBALMER**

I, EDGAR W. LAFFOON, Licensed Embalmer No. 3394

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

L. E.

No. 3394 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Edgar W. Laffoon*

Licensed Embalmer No. 3394

**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.)**