

FEB 23 1935

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

Do not use this space.

851

1. PLACE OF DEATH

County Spokane Registration District No. 305
Township Lawrence Primary Registration District No. 1184
City Owensville, Mo. (No. 90) St. Ward

File No.
Registered No. 21

2. FULL NAME

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Louis Leagubely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home aide
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) Charlotte Mo

13. NAME Gadlich Hiltkehammer

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

15. MAIDEN NAME Minnie Mohlkeisch

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

17. INFORMANT Louis Leagubely
(ADDRESS) Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Owensville, Mo. DATE Jan. 4, 1935

19. UNDERTAKER W.F. Gattinoster
(ADDRESS) Owensville Mo

20. FILED 2-9, 1935 J. Kerrell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1934, to 1-6, 1935.

I last saw her alive on 1-6, 1935. Death is said to have occurred on the date stated above, at 11 a. m.

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

Broncho Pneumonia
107a
Other contributory causes of importance: Influenza 1-29-34

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) Edwin Melliey, M. D.
(Address) Owensville 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.

