

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

Do not use this space.

2194

1. PLACE OF DEATH

County Ralls Co.

Registration District No. 724

Township Saverton

Primary Registration District No. 5-55-8

City At Home

(No. At Home Ralls Co.)

File No. 123

Registered No. 123

St.

Ward

2. FULL NAME Mary Scheiner

(a) Residence. No. Ralls Co. Mo. St. Mo. 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Joseph W. Scheiner

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

May 13 1855

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

71

7

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Marlin Co.

(STATE OR COUNTRY)

Penn.

10. NAME OF FATHER

Samuel Bauersox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

12. MAIDEN NAME OF MOTHER

Isabelle Treaster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

14.

INFORMANT Leo V. Scheiner

(Address) Ralls Co.

15.

FILED 2/13/27 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 12 1927

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 12 1927 to Jan. 12 1927 that I last saw him alive on Jan. 12 1927 and that death occurred, on the date stated above, at 1:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

from Prostate & Uterus

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Jan. 13 1927 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Monroe, City

DATE OF BURIAL

1/14 1927

20. UNDERTAKER

Wm M Smith

ADDRESS

Hannibal

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.

