AUG 16 1927

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

Do not use this space.

20749

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1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 678
Township — Primary Registration District No. — Registered No.
City St Joseph (No. State Hospital for Insane No 2 St. Ward)

2. FULL NAME Martha Deister

(a) Residence. No. St., Ward. 5 Miles E. Parkville, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 - 1878.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	10	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Fred. Schultz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Caroline Oberman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany

14. INFORMANT W. C. Deister
(Address) Parkville, Mo R.F.D. 3

15. FILED 2, 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1st 1927

17. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1927, to July 1st, 1927 that I last saw her alive on July 1st, 1927, and that death occurred, on the date stated above, at 2:30 - p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia 1108 A
1101a 1320
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Brights Disease
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) C. A. Dewey, M. D
July 2, 1927 (Address) State Hosp. No 2

*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 Deister Station, Mo. — DATE OF BURIAL July 3 1927

20. UNDERTAKER Heaton-BeGole Und. Co. by J. W. Kaale — ADDRESS 319 So. 10th St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.