SEP 29 1927

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

Do not use this space.

24825

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 84
City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Mrs Theresa Mahr
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 4 1871

7. AGE: Years 56 — Months 7 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jagerndorf Austria

PARENTS
10. NAME OF FATHER: Joseph Juraske
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Miss Pauline Mahr
(Address): Chillicothe Mo

15. FILED 8-17, 1927 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-10-1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1927, to Aug 15, 1927 that I last saw her alive on Aug 15, 1927, and that death occurred, on the date stated above, at 6.40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
(duration) ..... yrs. ..... mos. 13 ds.

CONTRIBUTORY (SECONDARY): Aortic Stenosis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) M W Downer, M.D.
8-17, 1927 (Address) Chillicothe Mo

*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: Catholic Cem — DATE OF BURIAL: Aug 17-1927

20. UNDERTAKER: Jas D Gordon — ADDRESS: Chillicothe 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.