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

Do not use this space.

1. PLACE OF DEATH
County Ray
Township Pole
City Elmira Mo (No. ..... St. ..... Ward)

Registration District No. 742
Primary Registration District No. 5977a

File No. 18166
Registered No. 9

2. FULL NAME Mrs. Mary Kauglorich
(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): married

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

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

7. AGE: Years 23 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Joe Simes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Australia
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Toney Thomas
(Address) Elmira Mo

15. FILED June 10, 1928 Edwin Thouse, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 25, 1928, that I last saw her alive on May 24, 1928, and that death occurred, on the date stated above, at about 12 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia (double)
101a
(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) ..... yrs. ..... mos. few 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
(Signed) G. D. Craven, M. D
, 19 (Address) Excelsior Springs, 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~~ Seymour Ia
DATE OF BURIAL May 26 1928

20. UNDERTAKER J M Ward
ADDRESS Towson Mo

N. B.—Every item of information ... CAUSE OF DEATH in plain terms, so that it may be properly classified.