

MAY 2 1929

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

Do not use this space.

13470

1. PLACE OF DEATH

County Scottland
Township Harrison
City (No.) (Ward)

Registration District No. 809
Primary Registration District No. 60.54

File No.
Registered No. 5
St. Ward)

2. FULL NAME Mary Sophia Stoll

(a) Residence No. Gorin, Mo. St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth 50 yrs. mos. da.

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 OF (OR) WIFE OF John L. Stoll

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 13, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeper
(b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER Frederick Tripps

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Eva Sennet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT George Stoll (Address) Gorin, Mo

15. FILED Mar 4, 1929 F.M. Johnson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1929 Mar 2nd 1929 that I last saw h. er alive on Feb 21 1929, and that death occurred, on the date stated above, at 7 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
E2A
97

CONTRIBUTORY Arteriosclerosis (duration) 1 yrs. 14 mos. 14 da.
(SECONDARY) (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) F.M. Johnson, M. D.
2-3, 1929 (Address) Gorin 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 Gorin Cemetery DATE OF BURIAL Mch. 4th 1929

20. UNDERTAKER Gerth & Baskett ADDRESS Gorin, Mo

erth

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.

WRITE PLAINLY, WITH OUTLINES IN THIS CASE TO BE FURNISHED TO THE HEALTH DEPARTMENT RECORDS

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