

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

Do not use this space.

17471

1. PLACE OF DEATH

County Callaway
Township St Aubert
City (No.)

Registration District No. 105
Primary Registration District No. 3154

File No.
Registered No. 12

2. FULL NAME

Mary Magdalena Kirrnich
(a) Residence, No. Fulton, Mo. R # 9 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 M. Kirrnich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/30 1877

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>52</u> | <u>3</u> | <u>29</u> | |

8. OCCUPATION OF DECEASED House Wife 118
(a) Trade, profession, or particular kind of work
(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) Mo.

10. NAME OF FATHER Fredrick Muller

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

12. MAIDEN NAME OF MOTHER Elizebeth Wittler

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

14. INFORMANT Nichols Kirrnich
(Address) R, # 9, Fulton, Mo.

15. FILED 6/2 1929 W. H. Williamson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-29 1929

17. I HEREBY CERTIFY, That I attended deceased at St. Aubert, Mo., to last 3 month of 1929 and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably Acute Indigestion
few hrs only after
death

CONTRIBUTORY (SECONDARY) Repeated Attacks of Acute Indigestion
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo.
PLACE OF DEATH

DID AN OPERATIVE DEATH? No. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS W. H. Williamson M. D.
(Signed) R # 9, Fulton, Mo.
, 19 (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 ST, Anthony Cemetery DATE OF BURIAL May, 31st 29

20. UNDERTAKER Herndon-Taylor Furn-Co, ADDRESS Fulton, Mo,

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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