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.

21 1929

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

Do not use this space.

26979

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1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No. 936

Township Primary Registration District No. Registered No.

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mary B Chandler

(a) Residence. No. 1421 North 10 street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? 37 yrs. mos. ds.

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 Bert Chandler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 22, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
47	5	13	

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) Unknown
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Frank Marx
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Catherine Tegetoff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

14. INFORMANT Thomas M Chandler
(Address) 1421 North 10 Street

15. FILED 1929 John G. Jotz REGISTRAR

3.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 7.31, 1929, to ..., 19..., that I last saw her alive on 8.5, 1929, and that death occurred, on the date stated above, at 2-52 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulated Umbilical Hernia
Peritonitis.
122A
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Peritonitis.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF 8.1.29.
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operative.

(Signed) Demery H Frommer, M.D.
Aug. 6, 1929 (Address) Physicians & Surgeons Bldg.

*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: Mt. Olivet Cemetery
DATE OF BURIAL: Aug. 7 1929

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.

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