SEP 24 1929

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

Do not use this space.

27230

1. PLACE OF DEATH
County: Chariton
Township: Brunswick
City: Brunswick (No. ..... St. ..... Ward)
Registration District No.: 169
Primary Registration District No.: 5235
File No.:
Registered No.: 44

2. FULL NAME: Mabel Kathryn Sturm

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 24-1903

7. AGE: Years 26 | Months 7 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keytesville Mo.

PARENTS
10. NAME OF FATHER: Chas. A Friesz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Fannie Burns
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Triplett Mo.

14. INFORMANT: John Sturm
(Address): Brunswick Mo

15. FILED 8/25, 1929 Harry E. Tatum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-24 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1929, to Aug 24, 1929 that I last saw her alive on Aug 24, 1929, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Meningitis
99A
36
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Septicaemia
(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry E. Tatum, M. D
8/25, 1929 (Address) Brunswick, 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: Brunswick Mo
DATE OF BURIAL: Aug 26 1929

20. UNDERTAKER: L. W. Reisel
ADDRESS: Brunswick 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.

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