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

Do not use this space.

38196

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City ~~Farmington, Mo.~~ (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018-A

File No. .....
Registered No. 156

2. FULL NAME Blanche Maurer

(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 1 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	23	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonne Terre
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John Maurer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Farmington
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Jennie Hemp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeLassus
(STATE OR COUNTRY) Mo.

14. INFORMANT State Hospital # 4,
(Address) Farmington, Mo.

15. FILED 11-23, 1929 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Nov 23, 1929 that I last saw her alive on Nov. 22, 1929, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
1016
85
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Epilepsy with deterioration
..... (duration) ..... yrs. ..... mos. ..... ds.

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

(Signed) Ralf Hanks, M. D.
11-23 1929 (Address) Farmington 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 Park View Cemetery
DATE OF BURIAL 11/24 1929

20. UNDERTAKER Raymond Caldwell
ADDRESS Flat River Mo.

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Exact statement of OCCUPATION is very important. ... so that it may be properly classified.