

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

Do not use this space.

15680

File No. 151

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County Cole Registration District No. 213

Township _____ Primary Registration District No. 3914

City Jefferson (No. _____)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

Summerfield Mo
(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 single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11 - 1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>	<u>11</u>	<u>20</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer Gasconade Co

9. BIRTHPLACE (CITY OR TOWN) Gasconade Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ad Mehrhoff

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

12. MAIDEN NAME OF MOTHER Esther Kirby

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

14. INFORMANT Ad Mehrhoff
(Address) Summerfield Mo

15. FILED 4/27 19 30 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 30

17. I HEREBY CERTIFY, That I attended deceased from May 21 1930 to May 31 1930 that I last saw him live on May 31 and that death occurred, on the date stated above, at 80 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1218 General peritonitis
129 appendicitis
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) appendicitis
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED Gasconade Mo

IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 26/30

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) M. C. Hedrick, M. D.

6/3 . 19 30 (Address) St Louis

*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 Burke's Care DATE OF BURIAL June 3 30

20. UNDERTAKER Hanson - Danville Mo ADDRESS _____

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.

