JUN 25 1930

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

Do not use this space.

15810

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township ~~Washington~~ — Primary Registration District No. 3016 — Registered No. 57
City Washington (No. ..... St. ..... Ward)

2. FULL NAME Mary Anna Miesner
(a) Residence. No. 345 Stafford Street Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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 Geo Miesner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10th-1909

7. AGE: Years 21 — Months 4 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Frank Zwicke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Bertrude Beuke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Krakow Mo

14. INFORMANT: Geo Miesner
(Address) 345 Stafford Street

15. FILED June 2, 1930 O. L. Hunch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1930

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1930, to May 31, 1930 that I last saw her alive on May 31, 1930 and that death occurred, on the date stated above, at 11:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis general
2' Septicemia
145A
149B
(duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Childbirth
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 146
IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank G. Mays, M. D.
June 3, 1930 (Address) Washington 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: Catholic Cemetery — DATE OF BURIAL: June 3rd 1930 19

20. UNDERTAKER: Otto & Co by Geo H Otto — ADDRESS: Washington 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.