

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

Do not use this space.

25549

**1. PLACE OF DEATH**

County Schuyler  
Township Tabors  
City                      (No.                     )

Registration District No. 802  
Primary Registration District No. 6045

File No.                       
Registered No.                       
St.                      Ward                     

**FULL NAME** Mary Aeschliman

(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 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 3 16

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

9. BIRTHPLACE (CITY OR TOWN) Canada  
(STATE OR COUNTRY)

10. NAME OF FATHER Christian Kroppf

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

12. MAIDEN NAME OF MOTHER Mary King

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

14. INFORMANT Levi Aeschliman  
(Address) Lancaster, Mo.

15. FILED 7-44-30 10/20/94 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 19 30

17. I HEREBY CERTIFY, That I attended deceased from July 5 19 30, to July 25 19 30  
that I last saw her alive on July 18 19 30 and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris

74A  
162 (duration) yrs. mos. ds. 3  
CONTRIBUTORY (SECONDARY) General Senility  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 89  
IF NOT AT PLACE OF DEATH                     

DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOBPT no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Dr. E. E. Giltner, M.D.  
, 19                      (Address) Lancaster, 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 Darby Cemetery DATE OF BURIAL July 27 19 30

20. UNDERTAKER John A. Roberts ADDRESS Lancaster, Missouri

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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