

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

Do not use this space.

DEC 20 1930

1. PLACE OF DEATH

County Andrew
Township Monroe
City Cassidy, Mo. (No. Cassidy, Missouri)

Registration District No. 10 5013
Primary Registration District No. 5013

File No. 35455
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward Cassidy, Missouri
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1871

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
59 3 21

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Andrew County, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER C. E. Bense

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

12. MAIDEN NAME OF MOTHER Minnie Zimmerman

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

14. INFORMANT R. E. Mandler
(Address) Cassidy, Missouri

15. FILED 11-22-30 B. L. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 22, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to Nov 22, 1930 that I last saw her alive on Nov 22, 1930, and that death occurred, on the date stated above, at 12:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hodgkins Disease

About (duration) 1 yrs. mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B. L. Allen, M. D.

11-22-1930 (Address) Cassidy, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cassidy Cemetery, Mo. DATE OF BURIAL Nov. 24, 1930

20. UNDERTAKER Heleman Funeral Home ADDRESS 1946 Calhoun

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCASION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

Dear Mr. Mandler:
We have a death certificate of Mary Louisa Mandler in our office, who died November 22, 1930.

It is not understood where this woman died. Will you kindly tell us whether she died in St. Joseph, Missouri in a hospital or whether she died in Cosby, Missouri.

We thank you very much for this information.

By direction of Dr. James Stewart,
State Health Commissioner.

Very respectfully,

G. A. Theilmann

G. A. Theilmann
Asst. State Registrar

GAT:RS

P. S. Inclosed find stamped envelope in which we hope to receive an early reply from you.

G. A. T.

*She Died at Home on Farm
near Cosby, Mo
R. C. Mandler*

N. B.—

5-35297-1

1966