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.

JAN 19 1931

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

Do not use this space.

39039 Dmunch.

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township St. Johns — Primary Registration District No. 3414 — Registered No. 110

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Marie Louise Diener

(a) Residence. No. R.F.D. #3 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14th, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	4 ~~17~~	~~19~~ 19	

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) (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Hy. Klingsick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Oscar Diener
(Address) R.F.D.#3, Washington, Mo.

15. FILED Dec 5, 1930 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930, to Dec 3, 1930, that I last saw her alive on Dec 2, 1930, and that death occurred, on the date stated above, at 7:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis and senile changes
93
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Age
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) O. L. Munch, M. D.
Dec 5, 1930 (Address) Washington

*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	DATE OF BURIAL
Presbyterian Cemetery, Washington, Mo.	12/7 1930
20. UNDERTAKER	**ADDRESS**
Otto & Co.,	Washington, Mo.