

MAR 27 1931

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

Do not use this space.

6740

1. PLACE OF DEATH

County Clay Registration District No. 914  
Township Shelburne Primary Registration District No. 6235  
City Braymer (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Louise Mohr  
(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 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 8 16  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 25  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE John Mohr  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

OCCUPATION  
13. NAME Geo. Redhair  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Louise Lesser  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER  
17. INFORMANT (ADDRESS) John Mohr  
Braymer Mo

MOTHER  
18. BURIAL, CREMATION, OR REMOVAL PLACE Little Union DATE 2-6-1931

19. UNDERTAKER (ADDRESS) B. F. Mead  
Braymer, Mo

20. FILED Feb 16 1931 W. E. Grant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 4 - 1931

22. I HEREBY CERTIFY, that I attended deceased from January 26, 1931 to February 3, 1931  
I last saw her alive on February 2, 1931 Death is said to have occurred on the date stated above, at 9:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Jan 26 1931  
Arterio Sclerosis  
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Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signature) Orndean B. Sholberg M. D.  
(Address) Braymer 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.

