

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

Do not use this space.

9141

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

1. PLACE OF DEATH

County Chariton Registration District No. 169
Township Brunswick Primary Registration District No. 4098
City Brunswick (No. _____)

2. FULL NAME Caroline Kelliker

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan-18-1849</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>1</u>	<u>21</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>at Home</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Housework</u>				
(c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY) 10

10. NAME OF FATHER <u>Joseph Meyer</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u>10</u>
12. MAIDEN NAME OF MOTHER <u>Unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>American</u> (STATE OR COUNTRY) <u>31</u>

14. INFORMANT R.A. Kelliker
(Address) Brunswick Mo.

15. FILED 3/10, 1931 Harry E. Tatum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9th 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb. 13 to Mar 9 1931 that I last saw her alive on Mar 8 1931, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral softening
STA
820 (duration) 4 yrs. 4 mos. ds.

CONTRIBUTORY Cerebral hemorrhage
(SECONDARY) (duration) 1 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Harry E. Tatum, M. D.
3/15, 1931 (Address) Brunswick 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 Brunswick Mo. DATE OF BURIAL Mar 11 1931

20. UNDERTAKER L. Meisel Brunswick
ADDRESS _____

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.

APR 21 1931

