

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

Do not use this space.

17162

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph, (No. 2626 Mary St.) St. _____ Ward _____

2. FULL NAME Garnette May Koerner
 (a) Residence, No. 2626 Mary St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 33 yrs. mos. ds. (If nonresident, give city or town and State)
 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 Martin M. Koerner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>8</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year) Jan, 1931 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Iowa.

MOTHER FATHER

13. NAME George M. Stripe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Iowa.

15. MAIDEN NAME Nellie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Iowa.

17. INFORMANT Martin M. Keerner
(ADDRESS) 2626 Mary St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park May, 11, 1931

19. UNDERTAKER Walter Moeuhofer
(ADDRESS) 1302 Paragon St., St. Joseph, Mo.

20. FILED 5-11-1931, John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 8, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1931, to May 8, 1931
 I last saw him/her alive on May 8, 1931. Death is said to have occurred on the date stated above, at 6.00 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis with edema
- acute exacerbation of
Myocardial insufficiency
Generalized arteriosclerosis
 Date of onset Jan 1931

Other contributory causes of importance:
Myocardial insufficiency
Generalized arteriosclerosis

Name of operation _____ 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 _____, 19____
 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. E. Senor, M. D.
 (Address) Rock Island Bldg. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 24 1931

