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.

JUL 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 20640

Township — Primary Registration District No. 1001 — Registered No. 656

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Marie Stone Kallauner,

(a) Residence, No. 1418 Ashland Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 0 mos. 10 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	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore J. Kallauner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	31	0	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) March 1931

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Clemment O. Stone,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan County, Kansas,

MOTHER

15. MAIDEN NAME Mamie Snooks,

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

17. INFORMANT (ADDRESS) Theodore J. Kallauner 1418 Ashland Avenue,

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. PArk DATE June 25, 1931

19. UNDERTAKER (ADDRESS) Heaton B. Gole & Bowman 319 S. 10 St. Funeral Home

20. FILED 6-24 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to June 23, 1931

I last saw h..... alive on June 23, 1931. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema with acute dilatation of Uremia — Date of onset June 21

Acute Nephritis 146

149B

Other contributory causes of importance:

Child birth 72 hrs duration

Name of operation no 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) M S Gray, M. D.

(Address) St Joseph Mo