

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

G. R. Motley
Do not use this space.

35022

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No. St. Elizabeth)

Registration District No. 547
Primary Registration District No. 337

File No. _____
Registered No. 273
St. 2nd Ward

2. FULL NAME

~~Fred Hohner~~ Helen Elizabeth Hohner
(a) Residence, No. Hull Lee St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		10	15	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hull Lee

13. NAME Helen Elizabeth Hohner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Lena Mueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ewing Mo.

17. INFORMANT (ADDRESS) Fred Hohner
Hull Lee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ewing Mo. DATE Oct. 15 1931

19. UNDERTAKER (ADDRESS) Thomas Ball
Ewing Mo.

20. FILED Oct 15 1931 W. Clausen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/13/1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1931 to Oct 13 1931

I last saw her alive on Oct 13 1931. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Gastro-intestinal infection. (Oct 8-31)

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) G. R. Motley M. D.
(Address) Hannibal Mo.

N. B.—Every item of information should be carefully supplied. AGE shown on source. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

