

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

Do not use this space.

88863

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 239
St. Ward)

2. FULL NAME

MARY J Telljohann

(a) Residence No. Hartsburg St. Reid 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 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 William Telljohann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mercury Co
(STATE OR COUNTRY) KY

10. NAME OF FATHER George Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dent Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Millie Jenkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dent Know
(STATE OR COUNTRY)

14. INFORMANT Mrs Frankie Rice
(Address) S. 4th St, Columbia, Mo

15. FILED 11/10/31 F. C. Suggett
REGISTRAR
by allie delly

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1931 to Nov 8th 1931 that I last saw him alive on Nov 7th 1931, and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis
930
97 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis
(duration) 2 yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding
(Signed) W. O. Fischer M. D.

. 19 (Address) Columbia, 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 St Pleasant DATE OF BURIAL Nov 11 1931

20. UNDERTAKER R. O. Wilson ADDRESS Columbia

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.

DEC 21 1931

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