

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

Do not use this space.

1935
2

1. PLACE OF DEATH

79 County Perry Registration District No. 660
2 Townshp Central Primary Registration District No. 4396
6 City Perryville (No.) St. Ward

File No.
Registered No.

2. FULL NAME

(a) Residence. No. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Zahner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5-21-1867</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>7</u>	DAYS <u>17</u>
IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Perry County
(STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Conrad Durlin</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Beaver</u> <u>9</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Bay</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Beaver</u>

14. INFORMANT Joseph Mcelfelx
(Address) Perryville, Mo

15. FILED 1/9 32 Geo. J. Harker REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-8 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 8 1932 to Jan 8 1932
that I last saw h.c. alive on Jan 17 1932 and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus
48
1396
71B (duration) 2 yrs. mos. ds.
CONTRIBUTORY Uterine fibroids + cancer (SECONDARY)
(duration) yrs. 3 mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF D
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. J. Harker M. D.
, 19 (Address) Perryville

*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 Mount Hope Cemetery DATE OF BURIAL 1-10-1932

20. UNDERTAKER Fellner Young & Co ADDRESS Perryville, 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.

