

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.

APR 5 1932

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

Do not use this space.

7637

1. PLACE OF DEATH  
 16 County Cape Girardeau, Mo. Registration District No. 125  
 1 Township " Primary Registration District No. 3009  
 8 City " (No. 928, S. Ellis) St. " Ward "

2. FULL NAME Mrs. Mary Mauerer  
 (a) Residence, No. 928 S. Ellis 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 1 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Terre Haute, Ind.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ind.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Lee Kaiser  
Jefferson, City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parsonage DATE March 27, 1932

19. UNDERTAKER (ADDRESS) Al Bruntopp  
236 Broadway

20. FILED 3/26 1932 W. Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/16 1932 to 3/24 1932  
 I last saw him alive on 3/24 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
93D Myocarditis Date of onset 3/20/32  
15000

Other contributory causes of importance: 130

Name of operation ✓ Date of "  
 What test confirmed diagnosis? none 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? Yes  
 If so, specify "  
 (Signed) George A. Jaeger M. D.  
 (Address) Cape Girardeau, Mo.

