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.

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

Do not use this space.

17932

File No. 17932

Registered No. 4898

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City ..... (No. 2202 (Rear) Warren St. ..... Ward)

2. FULL NAME Mary Vahle

(a) Residence, No. 2202 (Rear) Warren St., 20 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Vahle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14 - 1860

7. AGE: Years 71 Months 5 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 93C

10. Date deceased last worked at this occupation (month and year): 97

11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

FATHER

13. NAME: Harry Vahle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Mary Kenney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Fred Vahle 5030 Maffett ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Peters Cem. DATE: May 21, 1932

19. UNDERTAKER (ADDRESS): Goodfriend + Goodhart 2228 S. Broadway

20. FILED: May 20 1932 Mary C. Forder Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to May 18, 1932.

I last saw h... alive on May 1, 1932. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

	Date of onset
Myocarditis, chronic	1/1/31
Coronary Occlusion	
Other contributory causes of importance:	
Chronic Nephritis	1/1/31

Name of operation: None 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? No 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) J. D. Geller M. D.

(Address) 2303 Pine St.

[illegible]