

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.

18339

1. PLACE OF DEATH  
 97 County Saline Registration District No. 796  
 5 Township ..... Primary Registration District No. 3038  
 7 City Marshall, Mo. (No. ....) St. .... Ward)

2. FULL NAME Mary Lauer  
 (a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
 (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.

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 Henry L. Lauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 6 9

OCCUPATION  
 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. " "  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wisconsin

FATHER  
 13. NAME John Simon Lauer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Mary Lauer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs John Lauer  
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wid. of Cemetery DATE May 19, 1932

19. UNDERTAKER (ADDRESS) J. E. Gutzwiller  
Marshall, Mo.

20. FILED 5-18- 19 32 A. C. Putnam  
 Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18 19 32

22. I HEREBY CERTIFY, That I attended deceased from April 3 1932 to May 18 1932  
 I last saw h. Ev. alive on May 16 1932 Death is said to have occurred on the date stated above, at 12:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver  
46 46 66  
92 46 66  
 Other contributory causes of importance:  
arterio sclerosis

Date of onset several years  
several years

Name of operation None Date of X  
 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? X Date of injury X, 19 32  
 Where did injury occur? X  
 (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? .....  
 If so, specify None  
 (Signed) A. C. Putnam, M. D.  
 (Address) Marshall Mo.

1617-9175