

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

13235

1. PLACE OF DEATH

County Johnson  
Township Russ  
City Keosauqua (No. Research Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1562  
Registered No. 1562  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2208 Chelsea 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>Fe</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter K. Mohler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 1915</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>1</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawrence wife</u>		11. Total time (years) spent in this occupation.....
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Michael Mahaley</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	15. MAIDEN NAME <u>Esther Mahaley</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Walter K. Mohler</u> <u>2208 Chelsea</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graveside</u> DATE <u>April 7 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Robert Henderson</u> <u>1111 N. 1st</u>		
20. FILED <u>Apr 5 1933</u> <u>M. M. Croome</u> <u>Registrar.</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1933

22. I HEREBY CERTIFY, that I attended deceased from April 3 1933 to April 5 1933  
I last saw him alive on April 4 1933. Death is said to have occurred on the date stated above, at 6:33 m.  
The principal cause of death and related causes of importance were as follows:  
145A  
Sypticemia (Styptococcus)  
119B  
179 145A  
Other contributory causes of importance:  
Presumed Septic  
Peritonitis  
[Delirium March 22]  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no  
If so, specify \_\_\_\_\_  
(Signed) Harry C. Lynn M. D.  
(Address) 1314 Professional Bldg

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.

235

121  
Dr. Fenster