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.

SEP 26 1933

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

Do not use this space.

25713

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 838

City St. Joseph, (No. 1817 Mitchell Avenue, St. Ward)

2. FULL NAME Mary Ann Stilgenbauer,

(a) Residence, No. 1817 Mitchell Avenue St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 53 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: John Stilgenbauer,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1863

7. AGE: YEARS 69 — MONTHS 7 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) August 1933.

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castle Derg, Ireland,

FATHER

13. NAME Andrew McFarland,

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

MOTHER

15. MAIDEN NAME Sarah McKay,

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

17. INFORMANT (ADDRESS) Mrs Nora Valentine 1817 Mitchell Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sparta Cem. DATE Aug. 24, 1933

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED 8-24-1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ ~~deceased from~~ ~~on~~ Aug. 22, 1933, to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3:35 p.m.

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

Hanging by apron string Suicidal

165 165

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 8/23, 1933

Where did injury occur? St Jos. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Hanging by April Drug Suicidal

Nature of injury Choked to death

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Forrest Thomas Coroner M.D.

(Address) 801½ Tiley

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