

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

Do not use this space.

36721

1984
MAY 8

PLACE OF DEATH
 County Jackson Registration District No. 359
 Township Raw Primary Registration District No. 306
 City R.C. Mo. (No. 130) Charlotte St. _____ Ward) _____
FULL NAME Mary Quehner
 (a) Residence, No. 6136 Charlotte 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 1 1
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Mo.
 13. NAME Wm. Quehner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 17. INFORMANT Mrs. Paul H. Oberhelman
 (ADDRESS) 6136 Charlotte, R.C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Higginville Mo. DATE 11-29-1933
 19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) R.C. Mo.
 20. FILED Nov. 27, 1933 M. M. Brown
 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-27-1933
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1933, to Nov. 27, 1933
 I last saw him alive on Nov. 26, 1933. Death is said to have occurred on the date stated above, at 5:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Central Hemorrhage -
1933
 Date of onset Nov. 22 1933
 Other contributory causes of importance:
Hypertension with
chronic myocarditis
1937
 Name of operation _____ 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? _____ 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) F. Chetani, M. D.
 (Address) 915 Angler St. Wg.

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.

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