

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.

40983

668

1. PLACE OF DEATH

County Pettis
Township Prairie
City Sedalia (No. R.F.D. #6)

Registration District No. 5890
Primary Registration District No. 5890

File No. 317
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Mary Markes Bahner

(a) Residence, No. R.F.D. #6
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. F. Bahner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1867
7. AGE YEARS 76 MONTHS 11 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. AT HOME
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) Pettis Co. (STATE OR COUNTRY) Mo.

13. NAME Mathew M. Markes

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Mary Reusch

16. BIRTHPLACE (CITY OR TOWN) No Data (STATE OR COUNTRY)

17. INFORMANT Mrs. Lena Simon (ADDRESS) Sedalia R.R. #6

18. BURIAL, CREMATION, OR REMOVAL Calvary PLACE DATE 12-26 1933

19. UNDERTAKER Mc Laughlin Bros (ADDRESS) Sedalia Mo.

20. FILED 12-26 1933 John Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1933 to Dec 23rd 1933

I last saw her alive on Dec 21st 1933 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Brachial
Pneumonia

Other contributory causes of importance were as follows:

Hypertension

Name of operator _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Boyd Bohling M. D.

(Address) Sedalia Mo.

