

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

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

Do not use this space.

9945

1. PLACE OF DEATH

County..... Perry Registration District No.
 Township..... Union Primary Registration District No.
 City..... (No., St. Ward)

2. FULL NAME..... Julia Mehner

(a) Residence, No. St. Ward.
 (Usual place of abode) (If non-resident, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1934, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Mehner

22. I HEREBY CERTIFY, That I attended deceased from Mar 14 1934, 19, to Mar 15 1934, 19. I last saw her alive on Mar 15 1934, 19. Death is said to have occurred on the date stated above, at, 9.30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 1881

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 6

Acute Cholecystitis
Empyema of Gall Bladder

Date of onset

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

Other contributory causes of importance:

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) Perry Co., Mo.

FATHER 13. NAME Albert Farrar

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.

MOTHER 15. MAIDEN NAME Yarborough

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.

17. INFORMANT August Mehner
 (ADDRESS) Meniro, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE York's Chapel DATE March 18 1934

19. UNDERTAKER Bay Undertaking Co.
 (ADDRESS) Peru, Mo.

20. FILED 19

Registrar.

Name of operation..... Date of.....

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?..... 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?.....
 If so, specify Heart Failure
 (Signed) W. H. Bailey, M. D.
 (Address) Perryville

2095

2

Handwritten notes:
 1272
 1272
 1272

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Perry
Township Union
City (No.)

Registration District No. 969
Primary Registration District No. 5877

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 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.

Julia Mehner

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Mehner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Meh 9-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 - 6

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) Perry Co Mo

13. NAME Albert Farrar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

15. MAIDEN NAME Yarborough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) August Mehner Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Yark Chapel DATE Meh 18 1934

19. UNDERTAKER (ADDRESS) Perry and Co Perryville Mo

20. FILED 5-1 1934 Ben Halter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Meh 15 1934

I HEREBY CERTIFY that I attended deceased from Meh 14 1934 to Meh 15 1934.
I last saw her alive on Meh 15 1934. Death is said to have occurred on the 15th day above, at 9:30 a.m.
The principal cause of death, and related causes of importance were as follows:

acute cholecystitis
compensated of Gall
stones
Other contributory causes of importance: 121

Name of operation none Date of no
What test confirmed diagnosis? none 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?
If so, specify
(Signed) Wm H Pauley M. D.
(Address) Perryville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—EVIDENCE IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.
INCORPORATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY.

SUPPLEMENTARY

S-9945