

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BarrenRegistration District No. 302Township ClayPrimary Registration District No. 6231City Clay (No. 1)St. Clay Ward 1

2. FULL NAME

Mary Christina Essman(a) Residence, No. 1St. 1Ward 1

(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

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Wife of Mr. Harry Essman

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

1-241888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

66212

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

House wife

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)

Bellevue Mo.

13. NAME

Harry Essman

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

Glennville Germany

15. MAIDEN NAME

Margaret Weller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Harry Essman
Bellevue Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellevue Union chm. DATE 4-8-1934

19. UNDERTAKER (ADDRESS)

W.F. Gottenstroeter
Quincyville Mo.

20. FILED

4-7

19

34Lo Q Bunker

Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-5-1934

22. I HEREBY CERTIFY, That I attended deceased from

4-10-1934, to 4-5-1934I last saw him alive on 3-30-1934 Death is saidto have occurred on the date stated above, at 10 P. m.

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

Drop of HeartDate of onset 1931

Other contributory causes of importance:

Name of operation

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

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)

Edwin Mellies

M. D.

(Address)

Quincyville Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

