

MAY 25 1934

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

Do not use this space.

13574

## 1. PLACE OF DEATH

County Marion Registration District No. 548  
Township Liberty Primary Registration District No. 5740  
City Palmyra (No. ....) St. .... Ward)

File No. ....  
Registered No. 30, .....

## 2. FULL NAME

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Kenny Blatten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
76 0 0

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 all her life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME John Herr

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

15. MAIDEN NAME Rosetta Danna

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

17. INFORMANT Kenny Blatten  
(ADDRESS) White Pine Family Hamlet Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Mo DATE 4-15- 1934

19. UNDERTAKER W. C. O'Neal  
(ADDRESS) Palmyra Mo

20. FILED 4-16-34 Gertrude Lee  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14<sup>th</sup>, 1934

22. I HEREBY CERTIFY That I attended deceased from April 1<sup>st</sup>, 1934 to April 14<sup>th</sup>, 1934

I last saw her alive on April 14<sup>th</sup>, 1934 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Chronic valvular heart disease (mitral) Date of onset

92A  
Other contributory causes of importance: None

Name of operation none 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? No  
If so, specify .....

(Signed) W. C. O'Neal, M. D.  
(Address) Palmyra 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.

WHITE LABEL, WITH OVERTHROW MARKING IS A PERMANENT RECORD

235-2 2 10 6

