

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

Do not use this space.

17907

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780
Township St. Genevieve Primary Registration District No. 6025
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Schilly

(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 88 yrs. 8 mos. 24 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Schilly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1845
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 8 24

8. Trade, profession, or particular kind of work done, as splainer, 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) (STATE OR COUNTRY) St. Genevieve Co Missouri

13. NAME Nicholas Joberst ♂

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

15. MAIDEN NAME Veronica Michhaber

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

17. INFORMANT (ADDRESS) M. Schilly
St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve Mo DATE May 15 1934

19. UNDERTAKER (ADDRESS) Geo. G. Backs
St. Genevieve Mo

20. FILED May 14 1934 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1928 to May 13 1934

I last saw her alive on May 5 1934 Death is said to have occurred on the date stated above, at 7:00 am.

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

Atherosclerosis
Chronic Myocarditis
Date of onset 1912

A3C
97
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Stink test Was there an autopsy? YES

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? at home (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) William E. Sawyer M. D.

(Address) St. Genevieve 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.

JUN 26 1934

