

APR 1 7 1935

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade Registration District No. 307
Township Bellewong Primary Registration District No. 5425
City Mt Sterling (No.) St. Ward)

8738

File No.
Registered No.

2. FULL NAME Marylyn Topel

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

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 16 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>8</u>	<u>26</u>	

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

13. NAME Edwin Topel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Sterling Mo.

15. MAIDEN NAME Anita Kurtel Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Sterling Mo.

17. INFORMANT (ADDRESS) Bay-mo. Ed. Kurtel Meyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Sterling Mo. DATE April 2 1935

19. UNDERTAKER (ADDRESS) Wm G. Geyer Stroetter Owensville, Mo.

20. FILED Apr -1- 1935 Wm. F. B. Meyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30 1935 to March 31 1935
I last saw h.c.p. alive on March 31 1935. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Enteritis

Date of onset Mar 25 1935

Other contributory causes of importance: 1198

Name of operation None Date of
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? none
If so, specify (Signed) Dr. J. T. Moore, D.C., Ph.C., M.D.
(Address) Owensville, 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.

