

Aug 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County Bucanhaw
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hospital)

22241

File No.
Registered No. 799
St. Ward

2. FULL NAME Mary Maurer (Mary Maurer)

(a) Residence, No. Blumberry Missouri St. Ward. Stanberry, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 10 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1861</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>?</u>	DAYS <u>?</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) unknown
(STATE OR COUNTRY) Wisconsin

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) State Hospital #2 St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospital Cem DATE July, 27, 1935

19. UNDERTAKER (ADDRESS) Walter Maichodde
1302 Faron St. St. Joseph, Mo.

20. FILED 7-28 1935 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mary 1929, to July 26, 1935.
I last saw her alive on July 26, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral embolism Date of onset 7/25/35

Other contributory causes of importance: General Operation for Strangulated Hernia 7/23/35

Name of operation Herniorrhaphy Date of 7/23/35

What test confirmed diagnosis? Clinical findings 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? (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) George W. Farrigan, M. D.
(Address) State Hospital #2 St. Joseph, Mo.

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

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.

