

JAN 16 1938

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

Do not use this space

25491-3

1. PLACE OF DEATH

County Atchison.Registration District No. 20Township Tarkio.Primary Registration District No. 4014City Tarkio, Mo. (No., St. Ward)

File No.

Registered No.

2. FULL NAME Mary Lorenz.(a) Residence, No. Tarkio, Mo. St. Ward.

(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 Female. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ####6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1874.7. AGE YEARS 61 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, 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) Rock Port, Missouri.13. NAME John Lorenz.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.15. MAIDEN NAME Dorothy Wagner.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.17. INFORMANT Joe Lorenz. (ADDRESS) Tarkio, Missouri.18. BURIAL, CREMATION, OR REMOVAL PLACE Prairie Hill. DATE AUG 20 1935

19. UNDERTAKER (ADDRESS)

20. FILED Aug 26 1935 C. K. Kullough Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1935.22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935, to Aug 25, 1935

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 1.15 m. A. M.

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

Date of onset

Myocarditis & arterio sclerosis

Other contributory causes of importance:

Renal knowledge3 days

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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.....

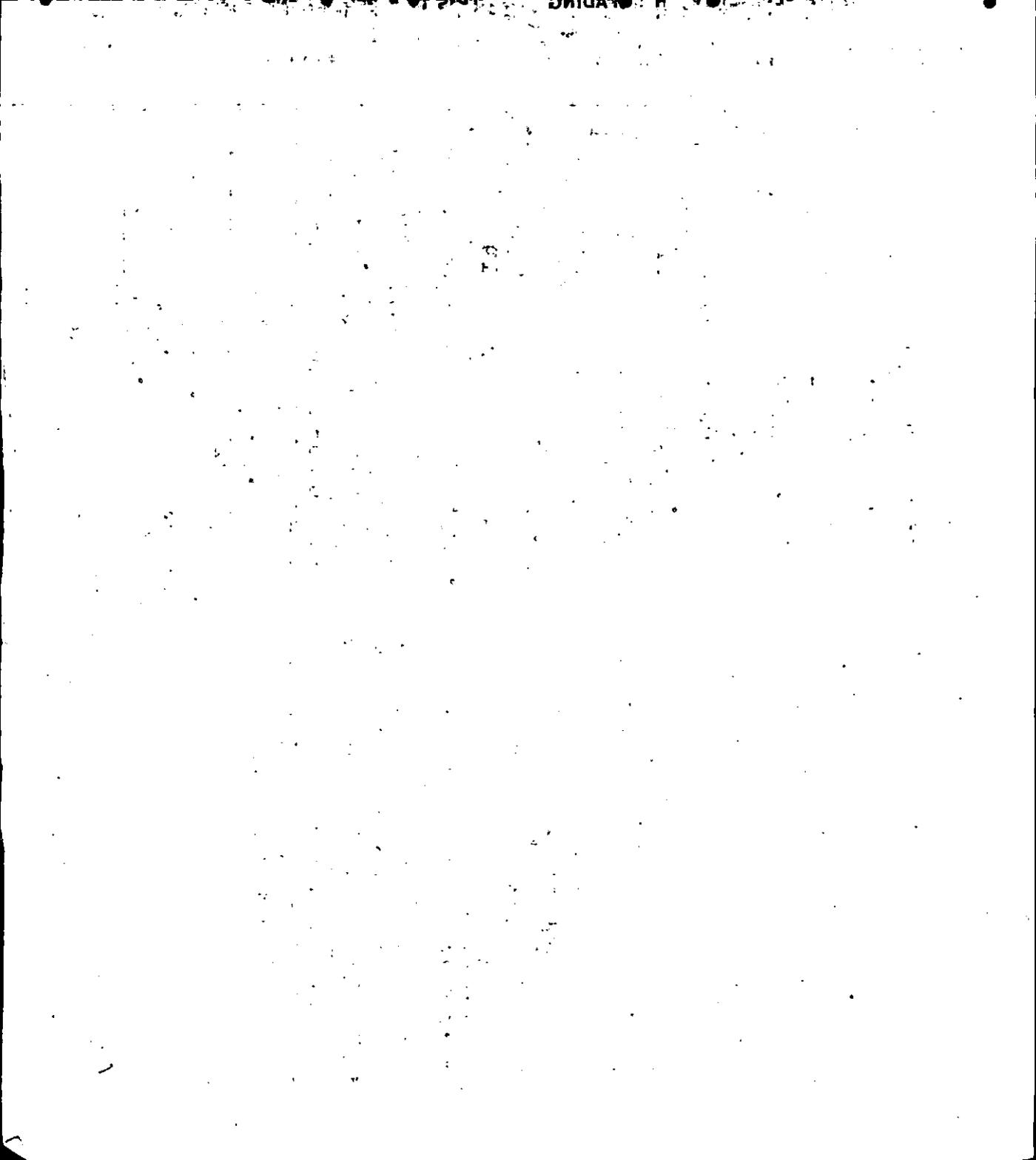
24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) J. M. Davis, M. D.(Address) Tarkio, 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.



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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Atchison Registration District No. 20
 Township Primary Registration District No. 4014
 City No. St. Ward

File No.
 Registered No.

2. FULL NAME

Mary Lorenz
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 3 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 3

OCCUPATION 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)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan 18 1936 O. M. Hough Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Myocarditis + Arterio Sclerosis

Other contributory causes of importance:
Nasal hemorrhage from arterio sclerosis with high pressure cause

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 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?
 If so, specify

(Signed) J. M. Davis, M. D.
 (Address) J. M. Davis, 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

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