MAR 18 1936

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

Do not use this space.

5390

1. PLACE OF DEATH
County Gasconade
Registration District No. 303
Primary Registration District No. 4189
Township
File No.
Registered No.
City Hermann (No. St. Ward)

2. FULL NAME Mary Bezold
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 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 (*write* the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Bezold
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16-1864
7. AGE YEARS 71 MONTHS 9 DAYS 21 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.
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) Henryville (STATE OR COUNTRY) Ind

FATHER
13. NAME Robert Rueff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Schaefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Wm Bezold
(ADDRESS) McKittrick Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bezold Family Cem DATE 2/11/36 19
19. UNDERTAKER Hugo Blumer
(ADDRESS) Hermann Mo
20. FILED 2-10 1936 Anna K. Ruckhoff. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb 5th 1936, to Feb 9, 1936
I last saw her alive on Feb 9, 1936 19 Death is said to have occurred on the date stated above, at 11:36 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
① Myocardosis	2/3/36
② Carcinoma of uterus	
③ Hypostatic pneumonia	2/5/36

Other contributory causes of importance: 48

Name of operation Date of
What test confirmed diagnosis? Bl. Pr. 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) Paul J. Schrader, M. D.
(Address) 312 Market St.

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.