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.

JUL 16 1936

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

Do not use this space.

22021

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 785

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Mary Kamler

(a) Residence, No. 625 North. 13th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1871.

7. AGE: 65 YEARS — MONTHS: 2 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
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): Unknown Illinois

FATHER

13. NAME: John F. Rock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Marg Eiche
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

17. INFORMANT (ADDRESS): Adeline Kamler 625 No. 13th. St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE June 8, 1936

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED June 5, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936, to June 4, 1936
I last saw her alive on June 4, 1936. Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 5-29-36

Other contributory causes of importance: ✓

Name of operation: None — Date of: ✓
What test confirmed diagnosis? Clinical — 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) Gustav [signature], M. D.
(Address) Kirkpatrick Bldg St. Joseph Mo.

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