

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.

200 82

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

Do not use this space.

23524

**1. PLACE OF DEATH**

County Maries Registration District No. 541  
 Township Jefferson Primary Registration District No. 57  
 City Jefferson (No.         ) St.          Ward         

File No.           
 Registered No.         

**2. FULL NAME**

Mary Koenig  
 (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 8

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-36

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

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Belle, Mo. R.

FATHER  
 13. NAME Fred Koenig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co Mo

MOTHER  
 15. MAIDEN NAME Katie Danuser

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

17. INFORMANT Fred Koenig (ADDRESS) Belle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE June 18, 1936

19. UNDERTAKER D. S. Licklider (ADDRESS) Becky Mo

20. FILED June 27, 1936 Mo Registrar Genard Johnson

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936

22. I HEREBY CERTIFY That I attended deceased from June 17, 1936 to June 17, 1936. I last saw h.          alive on June 17, 1936. Death is said to have occurred on the date stated above, at 7.9 a.m.

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

Fracture  
birth  
 Other contributory causes of importance         

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) C. A. Bunge, M. D. (Address) Bland Mo

