

JUL 18 1936

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

Do not use this space.

25847

1. PLACE OF DEATH

County Cass Registration District No. 147 File No. 17
Township Archie Primary Registration District No. 4081 Registered No. _____
City Archie (No. _____) St. _____ Ward _____

2. FULL NAME

Amanda Jane Mahler
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Martain R. Mahler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9-1858
7. AGE YEARS 77 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Missouri
13. NAME Edison Rader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
15. MAIDEN NAME Jane M. Coy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
17. INFORMANT H. E. Mahler (ADDRESS) H. E. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory Hill DATE July 8 '36
19. UNDERTAKER C. Mathis (ADDRESS) Archie, Mo.
20. FILED July 8, 1936 Mon. Dore Adair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1936
22. I HEREBY CERTIFY That I attended deceased from Mar 1 - 1936 to July 6, 1936
I last saw him alive on July 19, 1936. Death is said to have occurred on the date stated above, at 11:58 a.m.

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

Infirmities of age Date of onset 3-1936

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) B. B. Jout, M. D.
(Address) Archie 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.

