

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

Do not use this space.

27275

SEP 25 1936

1. PLACE OF DEATH
 County McDonald Registration District No. 1149 File No. 6
 Township Pineville Primary Registration District No. 5698 Registered No. 15
 City (No. _____) St. _____ Ward _____

2. FULL NAME Ella A. (nee) Marguardt
 (a) Residence, No. Pineville, Mo. St. Jeff Ward. (If nonresident, give city or town and State)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Marguardt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1860
 7. AGE YEARS 76 MONTHS 4 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936
 22. I, HEREBY CERTIFY That I attended deceased from July 1935 to July 22, 1936
 I last saw her alive on July 22, 1936. Death is said to have occurred on the date stated above, at 4 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.
 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 _____

Aortic Stenosis
reparata with bypass
 Date of onset _____

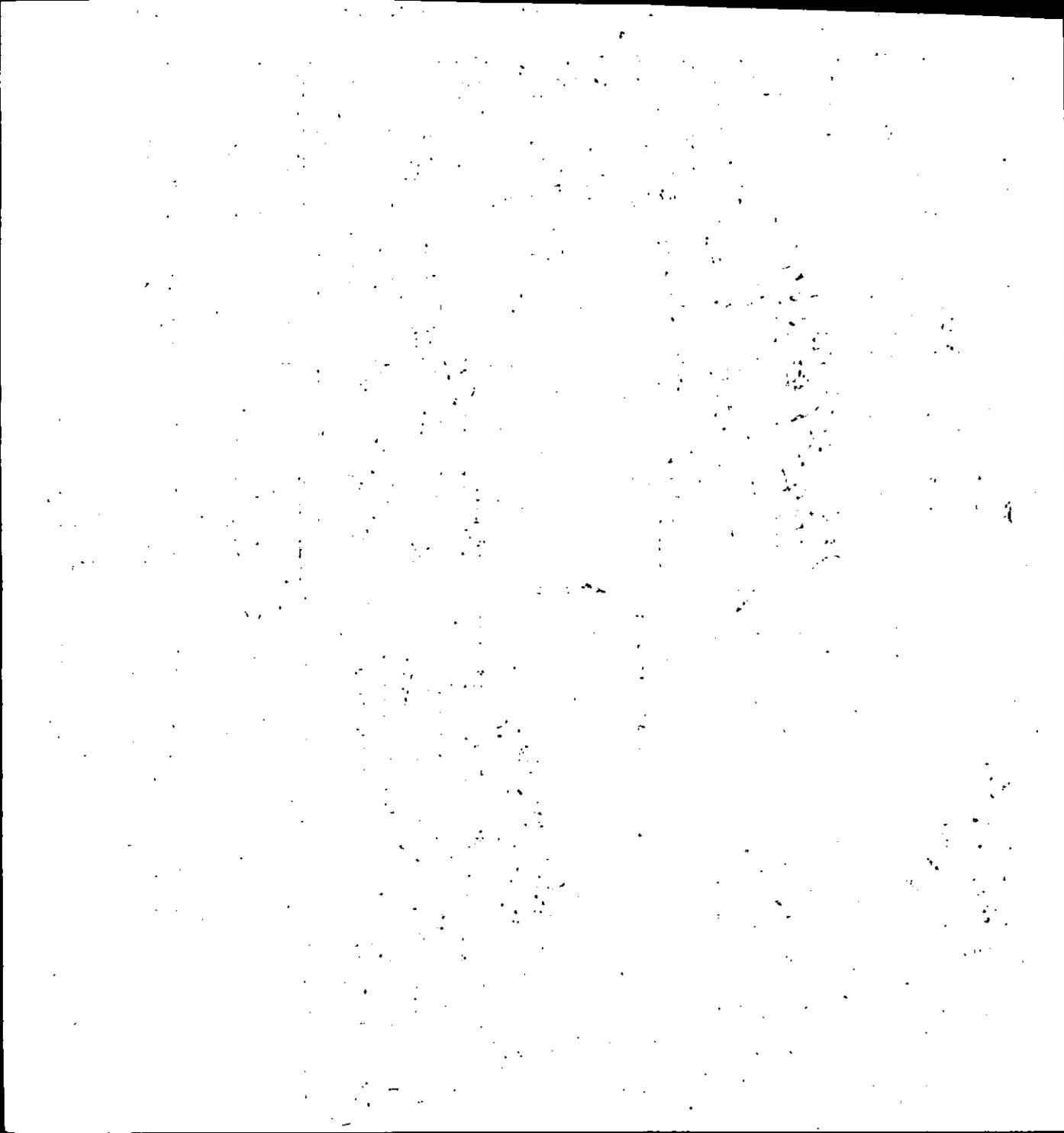
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanford, New York N.Y.
 13. NAME Hopkins, Matteson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peterburg, New York
 15. MAIDEN NAME Abigail C. Butler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collierhill, Neb.

Other contributory causes of importance:
ms
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Tom Marguardt
 (ADDRESS) Pineville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pineville, Mo. DATE July 4, 1936
 19. UNDERTAKER Geo. C. Cramer
 (ADDRESS) Pineville, Mo.
 20. FILED July 23, 1936 Geo. C. Cramer
 Registrar.

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) W. S. Herten, M. D.
 (Address) Pineville

- Enter in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County McDonald
Township Pineville
City (No. _____) _____

Registration District No. 1149
Primary Registration District No. 5698

File No. 27275
Registered No. 15

2. FULL NAME

Ella A. Mangwardt

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

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

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:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 4 14

Aortic Stenosis
Nephritis Chronic

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

Date of onset

Other contributory causes of importance:
2 Dropsy

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

Name of operation _____ Date of _____

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

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____

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) M. H. Norton, M. D.

(Address) Pineville Mo

19. UNDERTAKER (ADDRESS)
20. FILED 8-9 1936 Lee O Carneel
Registrar.

MISSOURI STATE BOARD OF HEALTH

S-27275

RECEIVED