

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

Do not use this space.

MAR 26

1. PLACE OF DEATH

County Shelby Registration District No. 560
Township Jefferson Primary Registration District No. 6094
City Clatsop (No. 1000) St. 2 Ward 2

File No. 9068
Registered No. 2

2. FULL NAME

Maria Hirlinger
(a) Residence, No. St. Ward.

(Usual place of abode) 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 HUSBAND OF (OR) WIFE OF William Hirlinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5th 1855

7. AGE 81 YEARS 2 MONTHS 18 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hammer
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) Carltona Ont Canada

13. NAME Lionel Turney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME Hannah Turney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Mrs Blake Seaska (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckley Chapel DATE Feb-25 1937

19. UNDERTAKER William Buckle (ADDRESS)

20. FILED Feb 26 1937 Roy Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1930, to Feb 23, 1937

I last saw her alive on Dec 10, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Coronary Thrombosis

Date of onset Feb 23 1937

Other contributory causes of importance

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) D. L. Harlan, M. D.
(Address) Clearance Ind

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.

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