JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Charlton — Registration District No. 169 — File No. 45038
Township Brunswick — Primary Registration District No. 4098 — Registered No. 43
City Brunswick (No. ..... St. ..... Ward)

2. FULL NAME MARY LOU SIEFKAS
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-1-1937
7. AGE: YEARS 0 — MONTHS 0 — DAYS 23 — If LESS than 1 day, ... 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. None
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): Brunswick Mo.

FATHER
13. NAME: Wm A Siefkas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miami Mo.

MOTHER
15. MAIDEN NAME: Bullah Crewse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright Co. Mo.

17. INFORMANT (ADDRESS): Wm A Siefkas Brunswick Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick Mo DATE Dec 25 1937
19. UNDERTAKER (ADDRESS): L M Meisel Brunswick Mo
20. FILED Dec 25 1937 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1937, to Dec. 24, 1937
I last saw her alive on Dec 24, 1937. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	
following Whooping-cough	

Other contributory causes of importance:

9

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) Harry E. Tatum, M. D.
(Address) Brunswick 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.