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

Do not use this space.

3200

2/1

1. PLACE OF DEATH

51 County Johnson — Registration District No. 429 — File No. 3

Township Grover — Primary Registration District No. 5588 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Margaretha Fiene 500

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

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) Germany 6

FATHER

13. NAME Detrich Kessner 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER

15. MAIDEN NAME Kathrine Spink

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

17. INFORMANT (ADDRESS) Louis Kessner Concordia, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lutheran Cem DATE Jan 11 1938

19. UNDERTAKER (ADDRESS) Ernestville Mo E. S. James Concordia, Mo

20. FILED Jan 10 1938 J A Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 31 1937, to Jan 10, 1938

I last saw her alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 12.05 a.m. AM

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

Hemorrhage of stomache — Date of onset

92a

Other contributory causes of importance:

Ulcer of stomache

Valvular Heart disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify

(Signed) Ferdinand Shryman, M. D.

(Address) Concordia, Mo.

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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.

RECEIVED
FEB 25 1938
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