

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

Do not use this space.

3941

1. PLACE OF DEATH
 County St. Francois Registration District No. 771
 Township Bismarck Primary Registration District No. 4462
 City Bismarck (No. _____) St. _____ Ward _____

2. FULL NAME Merle Loraine Kolner 456
 (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 6 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) Sept. 4-1919

7. AGE 18 YEARS MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer's Office

10. Date deceased last worked at this occupation (month and year) July 2, 1938 11. Total time (years) spent in this occupation 3 mon

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black, Mo.

MOTHER FATHER
 13. NAME Leonard Kolner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black, Mo.
 15. MAIDEN NAME Ola Francis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lesterbilly, Mo.

17. INFORMANT Mrs. Ola Kolner
 (ADDRESS) Bismarck, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisa, Mo. DATE July 21, 1938

19. UNDERTAKER (ADDRESS) White & Hill, Bismarck, Mo.

20. FILED July 20, 1938 W. H. Gale, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY that I attended deceased from July 14, 1938, to July 20, 1938
 I last saw him alive on July 20, 1938 Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Streptococci Throat.
 Other contributory causes of importance: 115
Tonsillitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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? Yes
 If so, specify W. H. Gale, M.D.
 (Signed) _____ (Address) Bismarck, 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.

RECEIVED

FEB 28 1938

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