

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

Do not use this space.

REC'D MAR 15 1938

2

1. PLACE OF DEATH

County CASSIOWAY

Registration District No. 303

Township ROARK

Primary Registration District No. 5420

City (No.)

File No. 6699

Registered No.

St. Ward

2. FULL NAME EDNA, DAHL

(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

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. DAHL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL - 6 - 1904

7. AGE YEARS 33 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. HOUSEWIFE

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 about 1 1/2 yrs.

12. BIRTHPLACE (CITY OR TOWN) STONEY HILL (STATE OR COUNTRY) MO

13. NAME CHAS. T. MEHRHOF

14. BIRTHPLACE (CITY OR TOWN) STONEY HILL (STATE OR COUNTRY) MO

15. MAIDEN NAME LYDIE MEHRHOF

16. BIRTHPLACE (CITY OR TOWN) NEW HAVEN (STATE OR COUNTRY) CT

17. INFORMANT William L. Dahl (ADDRESS) BERGER, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE DAHL CEMETERY DATE FEB 22

19. UNDERTAKER HERMAN BLUMER (ADDRESS) BERGER, MO

20. FILED 2-21 1938 Anna K. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1938 to Feb. 19 1938

I last saw her alive on Feb. 18 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Branchioenteric following measles Date of onset 2-12-1938

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical 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) John Engelbrecht M. D.

(Address) Stoney Hill, Mo

