

REC'D JUN 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18821
Do not use this space.

1. PLACE OF DEATH

(a) County Maion Registration District No. 547
 (b) Township Maion Primary Registration District No. 3029 Registered No. 136
 (c) City Hannibal (d) Street No. 3000 St Marys Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Dreyer

(a) Residence, No. 3000 St Marys Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 John B.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
 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) Hannibal Mo13. NAME William Ysher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Marg. Bauer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mr. Kotman 3000 St Marys Ave Hannibal Mo18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem. DATE April 18th 193819. FUNERAL DIRECTOR (ADDRESS) James O'Donnell Hannibal Mo20. FILED May 10 1938 H. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13th 193822. I HEREBY CERTIFY, That I attended deceased from 4-13, 1938 to 4-13, 1938I last saw him alive on 4-13, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Fracture of 5th lumbar vertebra
acute cardiac dilatation
pulmonary edema
circulatory failure

Date of onset
4-13-38
2 PMOther contributory causes of importance: 4-17-38
2:15 PM

Name of operation None Date of None
 What test confirmed diagnosis? Clinical 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 4-13, 1938Where did injury occur? Hannibal Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Fell from step ladder
Nature of injury Fracture 5th lumbar vertebra24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Fracture of vertebra (Signed) James O'Donnell, M. D.(Address) Hannibal Mo

STATEMENT BY LICENSED EMBALMER

I, Michael J. Fournelle, Licensed Embalmer No. 3246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Michael J. Fournelle

Licensed Embalmer No. 3246

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)