

FEB 17 1941

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

Do not use this space.

3517

1. PLACE OF DEATH

County Montgomery Registration District No. 595-1
Township Upper Lottin Primary Registration District No. 5791
City (No. _____) St. 170 Ward _____

2. FULL NAME

Amelie Cahall
(a) Residence, No. Montgomery Co. no. Rural Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 82 yrs. 0 mos. 0 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) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF M. V. Cahall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1858
7. AGE YEARS 82 MONTHS 3 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Montgomery Co.

13. NAME Gottfried Struer

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

15. MAIDEN NAME Emora Keller

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

17. INFORMANT: Josie Cahall (ADDRESS) Montgomery Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville DATE Jan 13 - 1941

19. UNDERTAKER: F. K. Kuhne (ADDRESS) Wellsville Mo

20. FILED Jan 13 1941 Mrs. Mike McDermott Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1941

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Jan. 12, 1941

I last saw her alive on Jan. 10, 1941 Death is said to have occurred on the date stated above, at 4 A.m.

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

Bronchiectasis Date of onset ? yrs
Chronic bronchitis ? yrs

Other contributory causes of importance:
Influenza, pulmonary, 3 days duration
Pneumonia hypostatic, 2 days

Name of operation none Date of _____

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 _____, 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) A. A. Marshall M. D.
(Address) Wellsville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

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