

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.

MO JAN 23 1933

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

Do not use this space.

89399

1. PLACE OF DEATH
 42 County Henry Registration District No. 347
 4 Township Clinton mo Primary Registration District No. 3018
 7 City Clinton mo St. _____ Ward _____

2. FULL NAME Mary Elener
 (a) Residence, No. 307 n main 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.

File No. _____
 Registered No. 114

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 Frank A Elener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1851

7. AGE YEARS 81 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

13. NAME Jed W Rebel

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Mo

17. INFORMANT (ADDRESS) Frank A Elener

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Dec 28 1932

19. UNDERTAKER (ADDRESS) Oppre & Son
Clinton mo

20. FILED 12/28 1932 E D C Peeler
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1932 to 12-27 1932

I last saw her alive on 12-26 1932 Death is said to have occurred on the date stated above, at 6.4 m.

The principal cause of death and related causes of importance were as follows:
Valvular Stenosis disease Date of onset _____

Other contributory causes of importance: 92A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) E D C Peeler, M. D.
 (Address) Clinton mo

