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.

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

FEB 20 1936

Do not use this space.

2459

1. PLACE OF DEATH
County Pettis
Township Flat Creek
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 5891

File No. 31
Registered No. 668

2. FULL NAME Mrs Elizabet Reusch Stuhner

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Jacob Stuhner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	10	9	

OCCUPATION

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

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) Hawk Creek Missouri

FATHER

13. NAME August Heineman

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

MOTHER

15. MAIDEN NAME Susian Reusch

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

17. INFORMANT Mrs John Stuhmer
(ADDRESS) Mora, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Johns Balmer DATE 1-30-36, 19

19. UNDERTAKER E L Eickhorf Cole Camp Mo
(ADDRESS)

20. FILED 1-30 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Jan 28, 1936
last saw h... alive on 1-27-36, 1936. Death is said to have occurred on the date stated above, at 4:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights disease	
Other contributory causes of importance: Uremia	1-26-36

Name of operation ..... 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) D. L. Reser, M. D.
(Address) Cole Camp, Mo.