

DEC 18 1936

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

Do not use this space.

41062

1. PLACE OF DEATH

County *Juniata*Township *Deepwater*

City

(No.)

Registration District No. *352*Primary Registration District No. *5493*

File No.

Registered No.

St.

Ward)

2. FULL NAME *Magdalene Kalwri*

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred *20* yrs. *9* mos. *24* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 1-1916*

7. AGE

YEARS *20*MONTHS *9*DAYS *24*

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) *Mountain Mo Juniata Co*13. NAME *Juniata Kalwri*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mountain Mo*15. MAIDEN NAME *Mary Schiler*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osage Co*17. INFORMANT (ADDRESS) *Juniata Kalwri*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Springtown* DATE *11/26* 19*36*19. UNDERTAKER (ADDRESS) *J. K. Knecht*20. FILED *11-26* 1936 *Mrs. Clara T. Harwood* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 11* 19*36*, 19*36*22. I HEREBY CERTIFY, That I attended deceased from *Nov 11* 19*36*, to *Nov 24* 19*36*I last saw him alive on *Nov 24* 19*36* Death is saidto have occurred on the date stated above, at *7:30* a.m.

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

Cellulitis of right leg, face and mouth.

Date of onset

Other contributory causes of importance

*Lacerations and fracture of maxilla and body of mandible + nose*Name of operation *Autures*Date of *11-11-36*

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 *Accident* Date of injury *11-11-36*Where did injury occur? *Mountain Mo Juniata Co*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

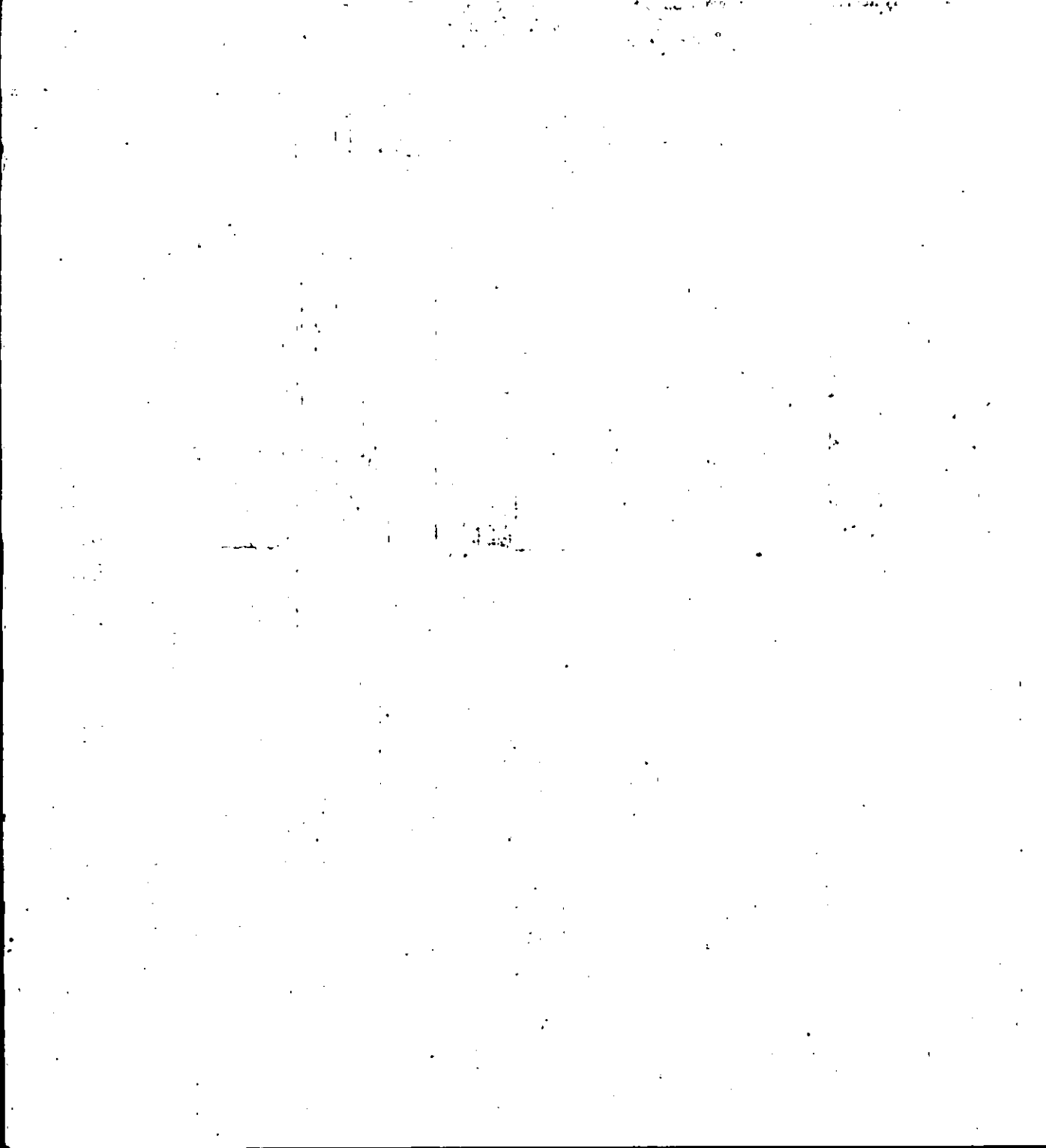
Manner of injury *Automobile accident*Nature of injury *Laceration + fracture*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *A. L. Hansen* M. D.(Address) *Springtown City Mo*

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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1. PLACE OF DEATH

County Henry
Township Reepurthes
City (No.) (St.) (Ward)

Registration District No. 35-2
Primary Registration District No. 3493

File No.
Registered No.

2. FULL NAME

Magdaline Kalwei

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 9 24

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Nov 26 1936 Mrs Clara J. Harwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-36, 19

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

I last saw him/her alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Cellulitis of right leg face and mouth
Passenger

Other contributory causes of importance:
Lacerations and fracture of maxilla and mandible

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) A. L. Hansen, M. D.
(Address) Appleton City Mo

SUPPLEMENT

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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