

MAY 25 1936

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

Do not use this space.

16548

## 1. PLACE OF DEATH

County DayTownship EastCity LawsonRegistration District No. 742Primary Registration District No. 5-977

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed - 29-18756. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 60 11 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Mo.13. NAME Ed Gano14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottsbluff15. MAIDEN NAME Maehel Pauland16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottsbluff17. INFORMANT (ADDRESS) Ed Gano18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE Apr 15 193619. UNDERTAKER (ADDRESS) J. M. Ward20. FILED Apr 15 1936 Edwin Shouse Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 193622. I HEREBY CERTIFY, That I attended deceased from 7:20 1936, to April 14 1936I last saw her alive on April 17 1936 Death is said to have occurred on the date stated above, at 2:20 A. m.

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

Diabetic Coma + Acidosis

Date of onset

59

Other contributory causes of importance:

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) Charles E. Buehner, M. D.(Address) Lawson 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.

1875. Apr 25 Mo

Rock Harbor

Saint