

MAR 27 1931

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

Do not use this space.

6740

1. PLACE OF DEATH

County Clay Registration District No. 914
Township Shelburne Primary Registration District No. 6235
City Braymer (No. _____, St. _____ Ward _____)

2. FULL NAME

Louise Mohr

(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 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FE</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Mohr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18, 1848</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>8</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 25</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>Geo. Redhair</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Louise Tesmer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>John Mohr</u> <u>Braymer Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelburne</u> DATE <u>2-6-1931</u>		
19. UNDERTAKER (ADDRESS) <u>B. F. Mead</u> <u>Braymer, Mo</u>		
20. FILED <u>Feb/6</u> , 19 <u>31</u> <u>H. E. Grant</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 - 1931

22. I HEREBY CERTIFY, that I attended deceased from January 26, 1931 to February 3, 1931
I last saw her alive on February 2, 1931 Death is said to have occurred on the date stated above, at 19:20 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Jan 26 1931
Arterio Sclerosis

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? _____ 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 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signature) Dr. C. B. Shoberg M. D.
(Address) Braymer 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.

