APR 24 1933

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

Do not use this space.

6737

1. PLACE OF DEATH
County Perry
Township Saline
City ..... (No. ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. .....
File No. .....
Registered No. .....

2. FULL NAME Mildred Mary Goellner
(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 16 yrs. 6 mos. 14 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)
F	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-3-1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16		6	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Mo

PARENTS
10. NAME OF FATHER Louis W Goellner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo
12. MAIDEN NAME OF MOTHER Albertie Mary Renaud
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

14. INFORMANT (Address) Louis W Goellner Lithium Mo

15. FILED 2/18 1933 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17th 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 30th, 1932, to Feb 27, 1933 that I last saw her alive on Jan 29, 1933, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* ~~WAS AS FOLLOWS~~:
Pulmonary Tuberculosis
23
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John A. Wilkens, M. D.
2/18, 1933 (Address) St. Marys Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Marys Seminary	2/20 1933

20. UNDERTAKER	ADDRESS
Endres & Young	Perry Vill Mo
Endres & Young	

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.