

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

Do not use this space.

850

FEB 18 1936

1. PLACE OF DEATH

County Franklin Registration District No. 296
Township Union Primary Registration District No. 4180
City Union (No. _____, St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME Mary Agnes Fees
(a) Residence, No. Union, Mo. 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 7, 1861</u>		
7. AGE	YEARS	MONTHS
	74	1
		DAY
		16
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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) Clover Bottom Missouri

13. NAME Henry W. Terschluse

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

15. MAIDEN NAME Adelheid Boland

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Krakow, Mo. **DATE** Jan. 27, 1936

19. UNDERTAKER (ADDRESS) Union Furn. Co. (Wm. H. Horn) Union, Mo.

20. FILED 2/5 1936 John A. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1936, to Jan 23, 1936
I last saw her alive on Jan 23, 1936. Death is said to have occurred on the date stated above, at 1:00 P. M.
The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral) Date of onset _____

Other contributory causes of importance: Hypertension

Name of operation None Date of _____
What test confirmed diagnosis Hy. S. C. A. 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) Am. Kenay, M. D.
(Address) Union 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

15

151

151