

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

 26 County Cole
 Township Mission
 City Elston, Mo. (No., St., Ward)

 Registration District No. 211
 Primary Registration District No. 5291

 File No. 10549
 Registered No. 8
2. FULL NAME Mrs. Mary A. Distler 234
 (a) Residence, No. Elston, Mo. St. Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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 Frank Distler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 8 24

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home
 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) Massion, Ohio |FATHER 13. NAME Unknown | 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown | 9MOTHER 15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Matt Distler
(ADDRESS) Elston, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Elston, Mo. DATE 3-15-38 1919. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.20. FILED March 15, 1938 H. T. Leach M.D.
Registrar. | 191

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to March 12, 1938
 I last saw him alive on Feb 28, 1938 Death is said
to have occurred on the date stated above, at 6 P. m.

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

Myocarditis

Date of onset

29th
ago
11Other contributory causes of importance: 93CName of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) H. T. Leach M. D.(Address) Elston 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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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