

JUN 6 1930

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

Do not use this space.

16801

1. PLACE OF DEATH
County Monteau Registration District No. 571
Township Walker Primary Registration District No. 5769
City (No.) St. Ward

2. FULL NAME Kathryn Cornelia Dahler
(a) Residence No. 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)

File No. _____
Registered No. 28
St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE M^{rs} Dahler
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 1978
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 9
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Monteau Co.
10. NAME OF FATHER Fred Bloch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER Marguerite Blaud
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT M^{rs} Dahler
(Address) California Mo

15. May 17 1930 Jack Roth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-1930
17. I HEREBY CERTIFY, That I attended deceased from 4-20, 1930, to 5-16, 1930 (that I last saw her alive on 5-12, 1930, and that death occurred, on the date stated above, at 4 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the liver

46E (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 44B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A.R. Popejoy, M. D.

5-17-1930 (Address) California 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
Evangelical Cem 5/18 1930

20. UNDERTAKER ADDRESS
Helleau & Friedmays California

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.

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