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

Do not use this space.

17516

File No.
Registered No. 9

1. PLACE OF DEATH
County Cooper
Township Prairie Home
City (No. St. Ward)

Registration District No. 724
Primary Registration District No. 5305

2. FULL NAME Mary Elizabeth Roedel
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

JUN 23 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE John Roedel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	6	6	

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) missouri

PARENTS
10. NAME OF FATHER Henry Geier
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) missouri
12. MAIDEN NAME OF MOTHER Sophia Schuster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Frances Roedel
(Address) Prairie Home Mo.

15. FILED 5-11, 1931 A L Meredith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1928, 1928 to 5 - 10, 1931 that I last saw h. alive on 5 - 9, 1931, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
71A
71A (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) A L Meredith M. D.
5-11, 1931 (Address) Prairie Home 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 Monitau Cem. — DATE OF BURIAL 5-12 1931

20. UNDERTAKER C. Albert Hornbeck — ADDRESS Prairie Home Mo.