MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH County Johnson Township Warrensburg, Primary Registration District No. Warrensburg, 2. Full NAME Mary Dorothy, Jahns. MANENT RECORD 316 E Culton St (a) Residence. No... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred 10 yrs. mos. How long in U.S., If of foreign birth? ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR) 19.5 MAOLEGIO (M.R.Que morq) I HEREBY CERTIFY, That I attended deceased from...... 5A. IF MARRIED, WIDOWED, OR DIVORCED /2-7- 1930 , to /-HUSBAND OF (OR) WIFE OF Martin L Jahns that I last saw h Ax. alive on /- 5 death occurred, on the date stated above, at //-21. 1856 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. THE CAUSE OF DEATH* WAS AS FOLLOWS: 7. AGE YEARS MONTHS If LESS than 1 DAYS day.brs. 74 15 ormin. 8. OCCUPATION OF DECEASED 935 (a) Trade, profession, or Housewife 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). Pensyalvania (STATE OR COUNTRY) 10. NAME OF FATHER JohnL Weisser 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 12. MAIDEN NAME OF MOTHER N. B.—Every item of it CAUSE OF DEATH in 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *State the DISEASE CAUSING DEATH, or in deaths from/YIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or Germany. (STATE OR COUNTRY) HOMICIDAL. Jahns 14. 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL INFORMANT....I (Address) Warrensburg 15. 20. UNDERTAKER S. R. Sweeney, Warrensburg.

