JUL 25 1927

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.

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

Do not use this space.

File No. 17861

Registered No.

1. PLACE OF DEATH

County: Cole — Registration District No. 215

Township: Liberty — Primary Registration District No. 5295

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Adelheid Gnagi

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~Married~~, WIDOWED, ~~or Divorced~~ ~~HUSBAND of~~ (OR) WIFE OF Richard Gnagi

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-7-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Doas
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jno. B. Packters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary P. Ecken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mary Gnagi
(Address) Schubert, Mo.

15. FILED 6-21 1927 L. T. Cerrus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1926, to June 18 1927, that I last saw her alive on June 18 1927, and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic valvular heart disease

90 d

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) L. T. Cerrus M. D.
6-21 1927 (Address) Osage City 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: Doas, Mo. — DATE OF BURIAL: 6-21 1927

20. UNDERTAKER: Chas. P. Heinrichs — ADDRESS: J.C. Mo.