FEB 23 1928

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

Do not use this space.

2047

1. PLACE OF DEATH
County Perry
Township Central
City ..... (No. ..... St. ..... Ward)
Registration District No. 660
Primary Registration District No. 5878
File No. 1
Registered No. .....

2. FULL NAME Emma Springer
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. F. Springer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
48	4	18	

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

9. BIRTHPLACE (CITY OR TOWN) Perry County, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Bergman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Salomea Haehn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Chas. F. Springer
(Address) Menfro, Mo

15. FILED 1/21, 1928 Geo. J. Meeker
REGISTRAR
J. H. Meeker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20- 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2-28, 19.., to Jan 14, 1928, that I last saw her alive on Jan 14, 1928, and that death occurred, on the date stated above, at 2-50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Kidney Tuberculosis
30 (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 3640 (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) L. L. Felt M. D
1-22, 1928 (Address) Perryville 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: Friedensberg Cemetery
DATE OF BURIAL: 1-22- 1928

20. UNDERTAKER: Toellner-Young Und. Co.
ADDRESS: Perryville 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.