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

Do not use this space.

8059

1. PLACE OF DEATH
County Callaway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 45
City Fulton (No. ..., ... St. ..... Ward)

2. FULL NAME Agnes Backer
(a) Residence. No. 206 W 5" 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 Walter Backer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24 1878

7. AGE: 50 YEARS — MONTHS: 0 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED House Wife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 3
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Austria

PARENTS
10. NAME OF FATHER Frank Kriel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Kathrine Macick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vienna
(STATE OR COUNTRY) Austria

14. INFORMANT Walter Backer
(Address) Fulton Mo.

15. FILED Mar 14 1928 R. N. Creus REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1928

17. I HEREBY CERTIFY, That I attended deceased from 1924, 19.., to 3-13, 1928 that I last saw her alive on Feby 21, 1928, and that death occurred, on the date stated above, at 2:30 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
112
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Asthma
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
O DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) R S Hall, M. D
, 19 (Address) Fulton 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: Hillcrest Cemetry — DATE OF BURIAL: 3/16 28 19

20. UNDERTAKER: Herndon Taylor — ADDRESS: Fulton 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.