

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

Do not use this space.

15891  
15621

**1. PLACE OF DEATH**

County Verona Registration District No. 875  
 Township Washington Primary Registration District No. 6962  
 City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 117

**2. FULL NAME**

(a) Residence. No. State Hosp # 3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 5 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D-R-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 9 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laundress  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) D.R.  
 (STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Julius Fagit

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.R.  
 (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Anna Polzger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.R.  
 (STATE OR COUNTRY) Switzerland

14. INFORMANT State Hosp Recrd  
 (Address) Nevada Mo

15. FILED 5-7-28 E. B. King  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 1 1928 to Apr 17 1928  
 that I last saw him alive on Apr 16 1928 and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

930  
Chronic Myocarditis  
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) E. H. Casan, M. D.

4/17, 1928 (Address) Nevada 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 Chick's Burial Home DATE OF BURIAL April 18 1928

20. UNDERTAKER Swiss Funeral Home ADDRESS Nevada 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.

