

27 1928

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

Do not use this space.

28119
37

1. PLACE OF DEATH

County Perry
Township Coates
City Perryville (No. _____)

Registration District No. 660
Primary Registration District No. 4396

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Ellen Voelker

(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)

Widowed

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

Ferdinand Voelker

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

Aug. 15, 1846

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>82</u>	<u>0</u>	<u>2</u>	<u>=</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) General housework
(c) Name of employer Had none

9. BIRTHPLACE (CITY OR TOWN)

Perry County, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER

Wm. Nanney

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Penn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Hayden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Perry County, Mo.
(STATE OR COUNTRY)

14.

INFORMANT B. S. Voelker
(Address) Perryville, Mo.

15.

FILED 8/17/28
Geo. J. Meek
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug. 17, 1928

17.

I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Aug. 17, 1928, and that I last saw her alive on Aug. 17, 1928, and that death occurred on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
900 (duration) 3 yrs. 6 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

Pericarditis
(duration) 10 yrs. 10 mos. 10 ds.

18. WHETHER DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms
(Signed) E. J. Resident, M. D.
, 19 (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

Home Care.

DATE OF BURIAL

8/20 1928

20. UNDERTAKER

Joelbert Young

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.

MAR 29 1954

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Peru
 Township Peruville
 City Peruville

Registration District No. 660
 Primary Registration District No. 4396

File No.
 Registered No. 37
 St. Ward)

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

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

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or 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)
 (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT
 (Address)

15.

FILED 8/17/28 Geo. J. Meeker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from to
 that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
 , 19 (Address)

*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

DATE OF BURIAL

Home Cemetery

8/20 1928

20. UNDERTAKER

ADDRESS

Lois Meeker Zoellner & Young Peruville

N. B.—This form should be carefully supplied. AGE should be filled in fully. PHYSICIANS should state CAUSE OF DEATH as fully as possible, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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