WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

43098

1. PLACE OF DEATH
County Pike
Township Cuivre Pt. Pearl (?)
City .... (No. .... St. .... Ward)
Registration District No. 800
Primary Registration District No. 6844
File No. ....
Registered No. 26

2. FULL NAME Christina Alpers

(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 70 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) Widow
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theo Alpers
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31, 1849
7. AGE Years 79 Months 11 Days 10 If LESS than 1 day, ... hrs. or ...... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) ....
(c) Name of employer At home
9. BIRTHPLACE (CITY OR TOWN) Concordia
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Hy. Dierking
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Louise Frohmer (?)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ....
(STATE OR COUNTRY) Germany

14. INFORMANT John Alpers
(Address) Sweet Springs Mo

15. Filed Dec 12 1929 J. H. Hawkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 23, 1928 to Dec 11, 1929, that I last saw her alive on Dec 10, 1929 and that death occurred, on the date stated above, at 6:05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Asthma and Emphysema
113
(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Terminal Pneumonia
(duration) ... yrs. ... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF ....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. H. Ringen (?), M. D
12-11-1929 (Address) Sweet Springs 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 Fairview Cemetery
DATE OF BURIAL Dec 13 1929

20. UNDERTAKER R. C. Castle (?)
ADDRESS Sweet Springs Mo