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

Do not use this space.

22363

1. PLACE OF DEATH
County Crawford — Registration District No. 231 — File No.
Township ~~Dillsville~~ — Primary Registration District No. ~~5344~~ 1441 — Registered No.
City Steelville (No. , St. Ward)

2. FULL NAME Louise Jane Eggers

(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 33 yrs. ~~44~~ 23 mos. 10 ds. ~~10~~ How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1930

28
1
3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1847-2-10

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Crawford Co. Mo.

PARENTS
10. NAME OF FATHER Mike Krig
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) ~~North Carolina~~

14. INFORMANT Belle Cummins Ham
(Address) Steelville Mo.

15. FILED 7-30, 1930 C. R. Gillis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/2 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 29, to July 2, 1930 that I last saw h alive on 1, 19, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82 hr (duration) yrs. 16 mos. ds.

CONTRIBUTORY (SECONDARY) None
(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) Geo W Pierce, M. D.
, 19 (Address) Steelville 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	DATE OF BURIAL
Steelville Cemetery	7/3 - 1930

20. UNDERTAKER F. J. Jones — ADDRESS Steelville 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.