

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.

32439

Dr. Clark  
NOV 21 1930

1. PLACE OF DEATH

County Cole  
Township Jefferson  
City Jefferson

Registration District No. 213  
Primary Registration District No. 3104

File No. \_\_\_\_\_  
Registered No. 2396  
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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 9 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employed)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Geo Popp

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

12. MAIDEN NAME OF MOTHER Margaret

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

14. INFORMANT Mrs G Engelbrecht  
(Address) Jefferson City, Mo.

15. FILED 11/23/30 W Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 19 1930 to Oct 21 1930 that I last saw her alive on Oct 21 1930 and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of liver

144 B (duration) 1 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Dr. A. Clark, M. D.

10/23 1930 (Address) Jefferson City, 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 Methodist Church Cem DATE OF BURIAL 10/25 1930

20. UNDERTAKER Wygore-Gordon Undertaking Co. ADDRESS near Esay Bluff, Mo.  
WYMORE-GORDON UNDERTAKING CO. J. E. M.

