

DEC 22 1930

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

Do not use this space.

35804

1. PLACE OF DEATH

County Jerusalem
Township Jerusalem
City Jerusalem (No.)

Registration District No. 303
Primary Registration District No. 4182

File No.
Registered No.
St. Ward)

2. FULL NAME

Chas. A. Egley
(a) Residence No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Egley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 8 - 1870
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 7 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Man
(b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER Rudolph Egley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Margalena Bruner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

14. INFORMANT Chas. D. Egley
(Address)

15. FILED 11-29, 1930 Anna Kischhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 28th 1930
17. I HEREBY CERTIFY, That I attended deceased from November 24th, 1930 to Nov. 28th, 1930, that I last saw h. a. a. alive on Nov. 28th, 1930, and that death occurred, on the date stated above, at 9:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Hemiplegia (cerebral apoplexy)
not known (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) not known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF BIRTH contracted at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF 11-29-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical examination
(Signed) John H. Becker, M. D.
Nov 29 1930 (Address) Herman Mos

*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 Herman City Cemetery DATE OF BURIAL 11/30 1930

20. UNDERTAKER Edouard Herman
ADDRESS

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.

