

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

Do not use this space.

40463

**1. PLACE OF DEATH**

County St Charles Registration District No. 755  
 Township Genuine Osage Primary Registration District No. 15996a  
 City Matson (No. ....) St. .... Ward)

**2. FULL NAME**

Indricka E. Mack

(a) Residence. No. Matson 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 Widowed  
 5A. ~~MARRIED~~ WIDOWED, OR DIVORCED  
 HUSBAND OF John Mack  
 WIFE OF John Mack  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 - 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 6 15

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer). Retired  
 (c) Name of employer

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

10. NAME OF FATHER Ludwig Geyloge  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Indricka E. Geyloge  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Dscar Berg  
 (Address) Matson Mo

15. FILED 12/16 1930 B. Mallinckrodt  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 27 1926 to Dec 15 1930 that I last saw h. w. alive on Dec 13 1930 and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Colitis  
135B  
120B  
 (duration) 10 yrs. mos. ds.

CONTRIBUTORY Subacute cystitis  
 (SECONDARY)  
 (duration) .... yrs. mos. ds. 2 mos. 20 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 Ordinary  
 (Signed) Carl R. Butler M. D.  
 , 19 (Address) Defiance 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 Augusta Mo DATE OF BURIAL Dec 17 1930

20. UMBERTAKER Fred W. Fichtelberg ADDRESS Northville 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.

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