

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.

H. A. May
848

PLACE OF DEATH

County Franklin
Township
City Washington (No. Ward)

Registration District No. 297
Primary Registration District No. 2116

File No.
Registered No. 7

2. FULL NAME Lena Mary Eggert

(a) Residence. No. 521 Stafford St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. -0 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED husband of Fred Eggert
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 3, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 9 18

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 employer). 2 3 5
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Christjahn Garbs

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

12. MAIDEN NAME OF MOTHER Catherine Lehmans

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

14. INFORMANT Frank Eggert
(Address) 521 Stafford St., Washington, Mo.

15. Jan 22, 1931 H. A. May REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to Jan 22, 1931 that I last saw her alive on Jan 20, 1931, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

hepatic cirrhosis - chronic myeloidis
1930
1931
(duration) unknown mos. ds.

CONTRIBUTORY Bacterial Pneumonia
(SECONDARY) (duration) 1 yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTACTED 124-B
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 1
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS 1
(Signed) H. A. May, M. D.

Jan 22, 1931 (Address) Washington, 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 Casco Cemetery, Casco Mo. DATE OF BURIAL Jan 24, 1931

20. UNDERTAKER Otto & Co. ADDRESS Washington Mo

