

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

Do not use this space.

9023

1. PLACE OF DEATH

County Callaway Registration District No. 105-
Township St. Aubert Primary Registration District No. 515-4
City (No.) St. Ward

2. FULL NAME

Ama America Biiggeli
(a) Residence, No. St. Ward. (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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roy Biiggeli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-22-1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>5</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stedman, Mo

FATHER

13. NAME R. G. Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Callaway Co

MOTHER

15. MAIDEN NAME Telepatry Palley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo

17. INFORMANT (ADDRESS) Roy R. Biiggeli, Stedman, Mo. R. 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stedman Cemetery DATE 3-15-1931

19. UNDERTAKER (ADDRESS) Wm. W. Chamberlain, Mokane, Mo.

20. FILED 3-14-1931 W. H. W. Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-8-1931 to 3-13-1931

I last saw her alive on 3-12-1931. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:
Death's Cause

Other contributor causes of importance:
Infarction

Name of operation none Date of

What test confirmed diagnosis? Angiogram Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. H. W. Chamberlain, M. D.
(Address) Mokane

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

S. NO. 2.

