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.

JUN 27 1931

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

Do not use this space.

18862

22

1. PLACE OF DEATH

County Perry — Registration District No. 660 — File No.

Township Central — Primary Registration District No. 5878 — Registered No.

City (No. , St. Ward)

2. FULL NAME HILDA PINGEL

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	11	6	17	

OCCUPATION

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

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) Biehle, Mo. /

FATHER

13. NAME August Pingel

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

MOTHER

15. MAIDEN NAME Agnes Unterrheiner

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

17. INFORMANT (ADDRESS) August Pingel Perryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Biehle Cem. DATE 5-14 1931

19. UNDERTAKER (ADDRESS) Zoellner & Young

20. FILED 5-13 1931 Geo. J. Meeker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from May 12 1931, 19, to May 12 1931, 19

I last saw her alive on May 12 1931, 19 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia caused by malignant scarlet fever Duration 3 days	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical 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) [signature], M. D.

(Address) Perryville, Mo.