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

Do not use this space.

34870

File No.
Registered No. 9796

1. PLACE OF DEATH
County Lafayette
Township Lafayette
City ~~Concordia~~ (No. , St. Ward)

Registration District No. 457
Primary Registration District No. 5621B

2. FULL NAME Maria Elisa Frerking

(a) Residence, No. 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 (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 1863

7. AGE Years 67 Months 9 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
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) New Hagen Mo.

FATHER
13. NAME Henry Kappelmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Kathrina Kappelmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Ida Frerking Concordia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Oct 3 1931

19. UNDERTAKER (ADDRESS) Frerking & Voight

20. FILED Oct 9, 1931 Ferdinand Shryman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to Oct. 1st, 1931
I last saw h... alive on Sept. 30th, 1931 Death is said to have occurred on the date stated above, at 3.30 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of the Liver, 4 Mo
Hepatitis 12 Yr

Date of onset

Other contributory causes of importance:

Name of operation Cholecystotomy Date of Aug 2 - 1931
What test confirmed diagnosis? 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) Frederick A. Lisser, M. D.
(Address) Concordia 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.

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

NOV 24 1931