

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

Do not use this space.

38745

1. PLACE OF DEATH

County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 City Farmington Mo (No. State Hosp. 704) St. _____ Ward _____

File No. _____
 Registered No. 157

2. FULL NAME

Margra Kolhage
 (a) Residence. No. Farmington Mo 96 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 Charles Kolhage

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>	<u>3</u>	<u>8</u>		

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN), St. Francois Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Thos. Gibson

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

12. MAIDEN NAME OF MOTHER Amelia Williams

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

14. INFORMANT Hospital Records
 (Address)

15. FILED 11-17-31 V. J. Robinson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Nov 15, 1931, that I last saw her alive on Nov 15, 1931, and that death occurred, on the date stated above, at 8:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 1/2 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Hypertension
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Ralph Parks, M. D.

11/15, 1931 (Address) Farmington Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Scudleton Co. Mo DATE OF BURIAL 11/17 1931

20. UNDERTAKER Needert and Co ADDRESS Izton

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.

DEC 26 1931

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