

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.

538 24 1932

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

Do not use this space.

700

1. PLACE OF DEATH

County Laclede
Township Boonville
City Boonville (No. 5424)

Registration District No. 306
Primary Registration District No. 5424

File No. 1
Registered No. 1
St. Boonville Ward 1

2. FULL NAME

(a) Residence, No. 1 St. Boonville Ward 1
(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. (If nonresident, give city or town and State)

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 (OR) WIFE OF A. H. Berger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 1854

7. AGE YEARS 77 MONTHS 2 DAYS 26 If LESS than 1 day, hrs. or min.

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) Unknown ?!

13. NAME Simon Kiehl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Simon Kiehl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J. H. Berger

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James Cem DATE Jan 5 1932

19. UNDERTAKER (ADDRESS) A. Tappmeyer

20. FILED Jan 3 1932 John Engelbrecht Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 19 32

22. I HEREBY CERTIFY, That I attended deceased from more than 2 yrs 19 32 to Jan 2 19 32

I last saw her alive on Jan 1 19 32 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Tuberculosis of the lungs Date of onset long

23A 2B long ago

Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none 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 ①

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) John Engelbrecht M. D.

(Address) Boonville, Mo.

