

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.

MAY 28 1932

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

Do not use this space.

11641

1. PLACE OF DEATH

County Budanan
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 518
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward. Winston Mo

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosa M Egger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/26/1874</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>5</u>
	DAYS <u>5</u>	If LESS than 1 day, hrs. or min.
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) Unknown
(STATE OR COUNTRY) Mo

FATHER
13. NAME Joseph Egger
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Malitabile Myers
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mo

17. INFORMANT Earl Egger
(ADDRESS) Grant Egger Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winston Mo DATE April 2, 1932

19. UNDERTAKER H. E. Stroup
(ADDRESS) Winston Mo

20. FILED APR 1, 1932 John R. Bender
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1932, to Apr 1, 1932

I last saw him alive on Mar 31, 1932 Death is said

to have occurred on the date stated above, at 2:5 a.m.
The principal cause of death and related causes of importance were as follows:

Respiratory failure
obstructive
chronic
bronchitis
with
emphysema

Date of onset

Mar 26

Other contributory causes of importance:
Necrosis thyroid
acute thyroiditis

Name of operation Trochotomy Date of Mar 30-31

What test confirmed diagnosis? Was there an autopsy?

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) H. S. Couard, M. D.
(Address) St. Joseph Mo

