

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

Do not use this space.

26902

1. PLACE OF DEATH

74

County Nodaway
Township Polk
City..... (No.....)

Registration District No. 625
Primary Registration District No. 5827

File No.....
Registered No. 67
St..... Ward.....

2. FULL NAME

Henry Jaeger

(a) Residence, No..... St..... Ward.....
(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 Male 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 Mrs Anna Jaeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31st, 1867

7. AGE YEARS 65 MONTHS 4 DAYS 9 If LESS than 1 day, hrs. or min.

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

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) Fort Madison, Iowa

13. NAME John Jaeger

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

15. MAIDEN NAME Mary Pieper

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

17. INFORMANT Mrs Anna Jaeger
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St Mary's DATE Aug 13th 1932

19. UNDERTAKER (ADDRESS) Price Furniture Co.

20. FILED 8-11-32 Mamie E. Cordy
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10th 19 32

22. I HEREBY CERTIFY, That I attended deceased from April 23 1932 Aug 10, 1932
I last saw him alive on Aug 10, 1932 Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Coronary thrombosis
122A
95B
1932
Other contributory causes of importance:
High blood pressure
Arteriosclerosis

Name of operation None Date of.....
What test confirmed diagnosis? Cholera 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?.....
If so, specify.....
(Signed) W. C. Seymour M. D.
(Address) Norfolk, Va.

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.

SEP 2 1932

