

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

Do not use this space.

31468

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. 2502 Penn)

File No. _____
 Registered No. 469
 St. _____ Ward _____

2. FULL NAME Frederick C. Jager
 (a) Residence, No. 2502 Penn St., _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 63 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen S.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1857

7. AGE YEARS 75 MONTHS 8 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundryman King Foundry
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Helen S. Jager (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Auburn DATE Oct. 7, 1932

19. UNDERTAKER S. J. Jernigan Funeral Home Inc. (ADDRESS) St. Joseph, Mo.

20. FILED 10-7-32 John R. Borders Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Oct 5, 1932
 I last saw him alive on Sept 30, 1932. Death is said to have occurred on the date stated above, at 11.45 A. M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic Date of onset 1925

93C J. B. J.
 Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? L (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) Paul Jernigan, M. D.
 (Address) St. Joseph, Mo.

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

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.

NOV 21 1932

