

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.

1933

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

Do not use this space.

4694

1. PLACE OF DEATH

County Benton
Township Williams
City (No.) St. Ward)

Registration District No. 59
Primary Registration District No. 3094

File No.
Registered No. 9

2. FULL NAME

Mrs Margaret Metscher

(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 <u>Female</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>John Metscher</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-12-1861</u>		
7. AGE <u>71</u> YEARS	<u>8</u> MONTHS	<u>28</u> DAYS
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>
	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) Mt Hulda
(STATE OR COUNTRY) Missouri

13. NAME Gevet Lutjen

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

15. MAIDEN NAME Metta Boetjer

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

17. INFANT John Metscher
(ADDRESS) Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hulda DATE 2-12-33 1933

19. UNDERTAKER E. L. Eickhoff
(ADDRESS) one camp Mo

20. FILED 3-1- 1933 Harry Gray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-10- 1932, to 2-10- 1933
I last saw her alive on 2-8- 1933 Death is said to have occurred on the date stated above, at 3:40 P. M

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

Chronic Myocarditis
93C
93
Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Stained 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

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) D. J. Reser M. D.
(Address) Cole Camp Mo

