

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.

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

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Eagle
City (No. _____)

Registration District No. 533
Primary Registration District No. 5714

20341

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME Catherine Federer

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>Oridory</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14 1873</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>4</u>	DAYS <u>9</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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) (STATE OR COUNTRY) <u>Germany</u>				
MOTHER / FATHER	13. NAME <u>Christian Leiby</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Went Knick</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Jake Federer</u> (ADDRESS) <u>Macon, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macon</u> DATE <u>6/25-1933</u>				
19. UNDERTAKER (ADDRESS) <u>Alvin Skrupp</u> <u>Macon, Mo.</u>				
20. FILED <u>6/30 1933</u> <u>Mrs. Luke Turley</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16 1933, to June 22 1933
I last saw h.c.w. alive on June 22 1933 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset D.K.
97
97
Other contributory causes of importance: None

Name of operation _____ Date of _____
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? _____
If so, specify _____
(Signed) W.A. Davis M. D.
(Address) Macon, Mo.

