

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

Do not use this space.

33805

1. PLACE OF DEATH

County Morgan

Registration District No. 596

Township Buffalo

Primary Registration District No. 5794

City Charles Miller

St. _____

Ward _____

File No. _____

Registered No. 41

2. FULL NAME Chas Eggemann

(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.

da.

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 _____

Martha J. Kaye

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

Feb 8 - 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

62

7

24

OCCUPATION

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)

Ohio

FATHER

13. NAME

John Eggemann

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

Switzerland

MOTHER

15. MAIDEN NAME

Susana Hackler

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

Switzerland

17. INFORMANT (ADDRESS)

Wm Chas Eggeman
Charles Miller Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Silver Linn DATE 10-4-33

19. UNDERTAKER (ADDRESS)

W F Kessel
Wagonville Mo

20. FILED 10-3 1933

H N. Lutzman

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Burg 1933 to Oct 2 1933

I last saw alive on 9-15 1933 Death is said

to have occurred on the date stated above, at 7 P.M.

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

Cancer of Penis
+ Bladder
SIB
SIF

Date of onset

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 _____, 1933

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 W. G. Gunn

(Signed) W. G. Gunn, M.D.

(Address) Versailles 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.

OCT 20 1933

