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.

JAN 26 1934

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

Do not use this space.

39206

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1230

City St Joseph (No. Mo Methodist Hospital St. Ward)

2. FULL NAME Ida Egli

(a) Residence, No. 2310 S 11 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: John Egli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June ? 1876

7. AGE: YEARS 57 — MONTHS 6 — DAYS Unk — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): St Joseph Mo

FATHER

13. NAME: Sam'l R Wilkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk New York

MOTHER

15. MAIDEN NAME: Alice Roscoe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk Wisconsin

17. INFORMANT (ADDRESS): John Egli 2310 So 11th

18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park DATE: Dec 12 1933

19. UNDERTAKER (ADDRESS): Fleeman Mortuary Inc 1946 Colhoun

20. FILED: DEC 13 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1933, to Dec. 10, 1933

I last saw her alive on Dec. 9, 1933 Death is said to have occurred on the date stated above, at 11.15 A M.

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

	Date of onset
Cerebral Hemorrhage	Nov 20 1933
Other contributory causes of importance: Interstitial Nephritis	Spring 1933

Name of operation: none 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? (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) Gordon D Wright, M. D.

(Address) 845-So. 14 St Jos Mo