

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

Do not use this space.

JAN 26 1934

2117

**1. PLACE OF DEATH**

County Perry Registration District No. 663  
 Township Silver Lake Primary Registration District No. 5881  
 City Silver Lake (No. ....) St. .... Ward)

File No. ....  
 Registered No. 9

**2. FULL NAME**

(a) Residence, No. Jennie Doll 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**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Andrew Doll  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 - 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
62 7 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
 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) Silver Lake Mo

13. NAME Joseph Geile

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

15. MAIDEN NAME Mary C. Henckens

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

17. INFORMANT (ADDRESS) John Geile Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Silver Lake Mo DATE Jan 6 - 1934

19. UNDERTAKER (ADDRESS) Goury & Co Perryville Mo

20. FILED 16 1934 Fly J. Cuwall Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 - 12<sup>16</sup> 1934

22. I HEREBY CERTIFY That I attended deceased from July 1 1933 to Jan 4 1934  
 I last saw her alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 12:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset: 2 days

Apoplexy  
8 P.M. (cerebral)  
102

Other contributory causes of importance:

Hypertension  
Streaked arteriosclerosis

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 Oscar A. Curran M. D.

(Signed) Perryville, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Do not use this space.

2335-1010

