

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

6 County Warton Registration District No. 40
7 Township Lamar Primary Registration District No. 4024
2 City Lamar (No. _____) St. _____ Ward _____

File No. 3847
Registered No. 9

2. FULL NAME

Mary Bricker Egger

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

Length of residence in city or town where death occurred 50 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-1858
7. AGE YEARS 75 MONTHS 9 DAYS 15 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
13. NAME Martha Mrs. Fry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
15. MAIDEN NAME Maria Pfantz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT Miss Anna Egger
(ADDRESS) Lamar Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lamar City DATE 2/26 1934

19. UNDERTAKER A. J. Mynatt
(ADDRESS) Lamar Mo.
20. FILED Feb. 24 1934 A. J. Mynatt Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23rd 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan-15, 1933, to Feb-23, 1934
I last saw her alive on Feb-22, 1934. Death is said to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
arterio sclerosis
senility
Date of onset 2-23-34

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 W. S. Popplewell M.D.
(Signed) _____, M. D.
(Address) Lamar Mo

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.

