Dr. Hill

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

Do not use this space.

12294

MAY 25 1934

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 112
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson City (No. 330, Boliver St. Ward)

2. FULL NAME Angeline Sophia Schrimpf
(a) Residence, No. 330 Boliver 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1908

7. AGE: Years 25, Months 6, Days 0. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Jefferson City, Mo.

FATHER
13. NAME Joseph C. Schrimpf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardsville, Mo.

MOTHER
15. MAIDEN NAME Laura Eveler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Bend, Mo.

17. INFORMANT (ADDRESS) Joseph C. Schrimpf 330 Boliver St. J. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Apr. 6, 1934

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Missouri

20. FILED 4-5- 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1933, to Apr 3, 1934
I last saw her alive on apr 3, 1934. Death is said to have occurred on the date stated above, at 4 45 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchi Pneumonia — Date of onset Apr 30
167a
Other contributory causes of importance: Status Lymphaticus — at birth

Name of operation ..... 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) Jas A. Hill, M. D.
(Address) Jefferson City 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.