

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Yacovade
Township Warram
City Quinsville (No. _____) St. _____ Ward _____

Registration District No. 305
Primary Registration District No. 4184

File No. 12488
Registered No. 9

2. FULL NAME

(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 9 yrs. 11 mos. _____ ds. How long in U. S., if of foreign birth? 63 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. F. Ebling</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-12-1849</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>20</u>	IF LESS than 1 day, <u>X</u> hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>			
	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) <u>Wurtemberg, Germ.</u>				
FATHER	13. NAME <u>Michael Peter</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Anna Schante</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Chas. Ebling</u> (ADDRESS) <u>Quinsville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quinsville, Mo.</u> DATE <u>4-4-1934</u>				
19. UNDERTAKER <u>H. H. Gattenstroter</u> (ADDRESS) <u>Quinsville, Mo.</u>				
20. FILED <u>5-19-19</u> <u>J. D. Herrell</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-2- 1934

22. I HEREBY CERTIFY, that I attended deceased from Mar. 16- 1934, to Apr. 2- 1934
I last saw her alive on Apr. 1- 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 8-16-34
Senility 100
Other contributory causes of importance _____

Name of operation None Date of _____
What test confirmed diagnosis Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide No. 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) O. R. Farrell, M. D.
(Address) Quinsville, Mo.

