

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

Do not use this space.

30042

**1. PLACE OF DEATH**

County: Macon  
Township: Ray  
City: Macon (No. ....)

Registration District No. 534  
Primary Registration District No. 5719

File No. 15  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(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. (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 Anton Vogel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
76 4 19

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

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) Bellville, Mo

13. NAME Kate Sack

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

15. MAIDEN NAME Kate Sack

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

17. INFORMANT (ADDRESS) Anton Vogel

18. BURIAL, CREMATION, OR REMOVAL PLACE Beverly Mo DATE Aug 10 1934

19. UNDERTAKER (ADDRESS) Edwards

20. FILED Sept 8 1934 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:  
Inquest  
Overheat, arotator  
heart

Other contributory causes of importance: 1934  
Overheat, arotator  
heart trouble

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.....

(Signed) W. H. Goch  
(Address) Clues, 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.

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