

FEB 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County CapeTownship St. Francis HospitalCity Cape GirardeauRegistration District No. 120Primary Registration District No. 3009(No. St. Francis Hospital)File No. 440Registered No. 38St. Belgique, Mo.

Ward)

2. FULL NAME Marie Josephine Amberger(a) Residence, No. Belgique, Mo.

(Usual place of abode)

St. Belgique, Mo.Ward. Belgique, Mo.

(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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Child5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1924

7. AGE

YEARS 10MONTHS 9

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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.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) Belgique, Mo.
Perry Co.

FATHER

13. NAME Frank Amberger14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Perry Co.

MOTHER

15. MAIDEN NAME Beatrice L. Christman16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Perry Co.17. INFORMANT
(ADDRESS) Mrs Frank Amberger

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Francis CemeteryDATE 2/2/3519. UNDERTAKER Young & Fenwick(ADDRESS) Perryville, Mo.20. FILED Jan 31, 1935g.m. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31st, 193522. I HEREBY CERTIFY, That I attended deceased from
1/24, 1935, to 1/31/35, 1935I last saw him alive on 1/31/35, 1935. Death is saidto have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Appendicitis
Peritonitis
Other contributory causes of importance: NoneName of operation Appendectomy Date of 1/25/35What 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) g.m. Thompson

M. D.

(Address) Cape Girardeau, Mo.

