

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

finished
Do not use this space.

13305

MAY 29 1935

1. PLACE OF DEATH

County *Jasper*
 Township *Jasper*
 City *Sarcox* (No. St. Ward)

Registration District No. *416*
 Primary Registration District No. *4248*

File No.
 Registered No.

2. FULL NAME

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

Length of residence in city or town where death occurred *2 yrs. 11 mos. 10 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* **4. COLOR OR RACE** *White* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *married* (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 27*, 19*35*

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

22. I HEREBY CERTIFY, That I attended deceased from *11-17-* 19*32*, to *4-27-* 19*35*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 18, 1874*

I last saw h. m. alive on *4-27-* 19*35* Death is said to have occurred on the date stated above, at *11:30* a.m.

7. AGE YEARS *61* MONTHS *3* DAYS *9* If LESS than 1 day, hrs. or min.

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

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

Carcinoma of brain about 6-1-33

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Mortuary*

10. Date deceased last worked at this occupation (month and year) *Nov. 1932* **11. Total time (years) spent in this occupation** *22*

Other contributory causes of importance: *No*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morrison, Mo.*

Carcinoma of testis operated 2 years ago.

13. NAME *Christian Engelage*

Name of operation: Date of:

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME *Minnie Brinkmann*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Roland C. Engelage Sarcox Mo.*

Manner of injury: Nature of injury:

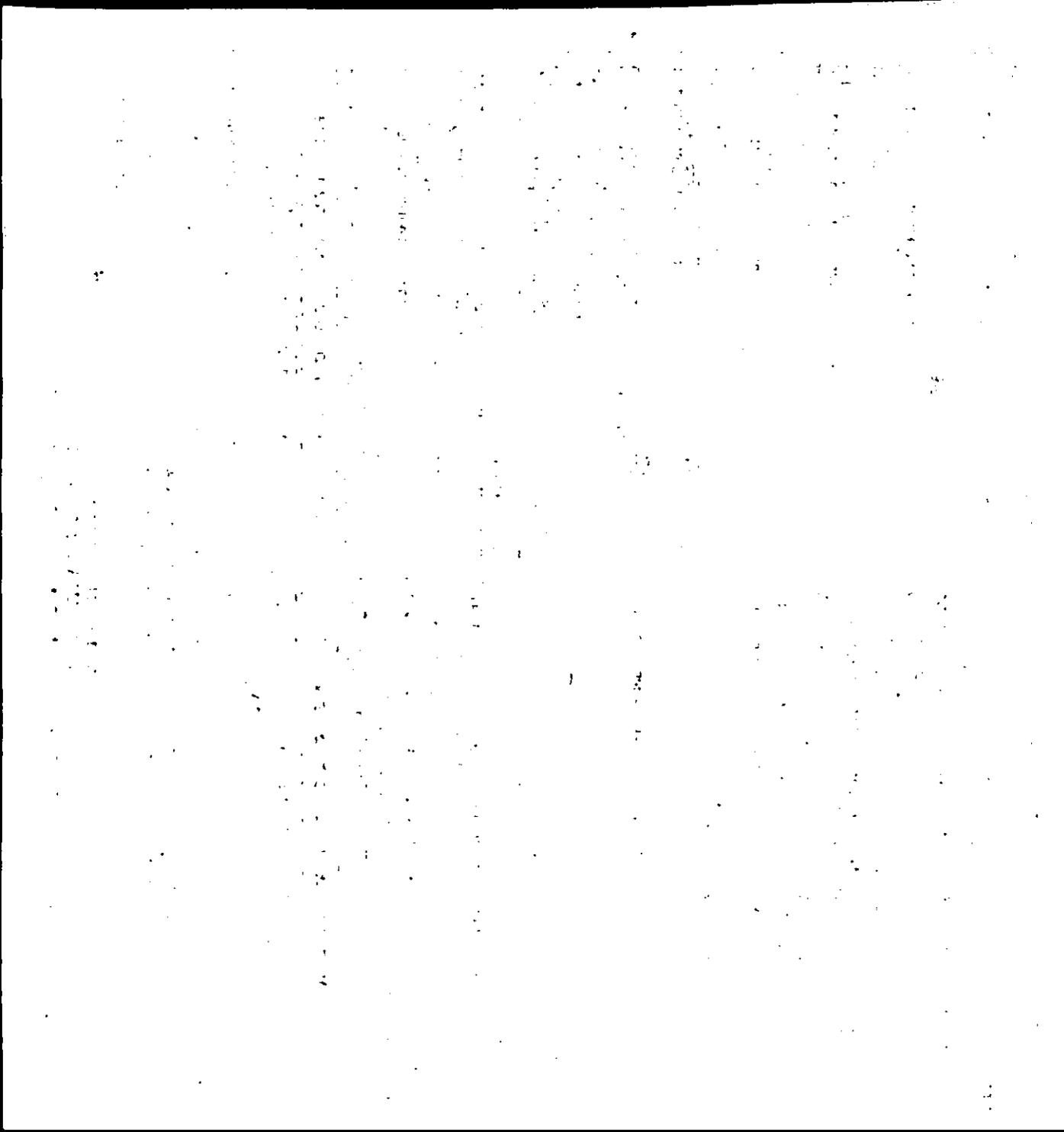
18. BURIAL, CREMATION, OR REMOVAL PLACE *Morrison, Mo.* **DATE** *Apr. 30*, 19*35*

24. Was disease or injury in any way related to occupation of deceased? *No.* If so, specify

19. UNDERTAKER (ADDRESS) *Engeloff Fun. & Bd. Co. Sarcox, Mo.*

(Signed) *M. B. Galt*, M. D. (Address) *Sarcox Mo.*

20. FILED 19.... Registrar.



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1. PLACE OF DEATH

County Gasper Registration District No. 416 File No. 13305
 Township _____ Primary Registration District No. 4248 Registered No. _____
 City Sarcovie (No. _____) St. _____ Ward _____

2. FULL NAME

Fred A. Engelage
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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 in this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Carcinoma of brain and intestines
(Sigmoid Flexure of colon.)
 Other contributory causes of importance: NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER
 13. NAME _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

MOTHER FATHER
 15. MAIDEN NAME _____

Specify whether injury occurred in industry, in home, or in public place. _____

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

Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

If so, specify _____ (Signed) W. B. York, M. D.

19. UNDERTAKER (ADDRESS) _____

(Address) Sarcovie, Mo.

20. FILED _____, 19____ Registrar _____

S-13305