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.

19323

JUL 19 1935

1. PLACE OF DEATH

County Daviess — Registration District No. 2 — File No.

Township Liberty — Primary Registration District No. — Registered No.

City (No. , St. Ward)

2. FULL NAME Margaret Rebecca Jurs

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1857

7. AGE: YEARS 78 — MONTHS 0 — 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.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): June 1935
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover, Germany

FATHER

13. NAME: Claus Cohrs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover, Germany

MOTHER

15. MAIDEN NAME: Louise Gerken
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover, Germany

17. INFORMANT (ADDRESS): Miss Anna Jurs, Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Creekmore Cemetery DATE: June 18, 1935

19. UNDERTAKER (ADDRESS): Hope Furn. & Undt. Co., Gallatin, Missouri

20. FILED June 18, 1935 Mrs J L Reich, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to June 16, 1935

I last saw her alive on June 15, 1935. Death is said to have occurred on the date stated above, at 5:15 AM

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

Chronic Glomerulo Nephritis — Date of onset: 2 yrs ago.

Other contributory causes of importance:

Chronic Myocarditis — Several years

Name of operation: no Clinical Laboratory — Date of: no

What test confirmed diagnosis? — 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?

If so, specify

(Signed) Floyd E. Nelson, M.D.

(Address) Gallatin, Mo.