OCT 23 1935

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

Do not use this space.

29178

File No. 5-7

Registered No.

1. PLACE OF DEATH

County FRANKLIN

Township BOEUF

City (No. , St. Ward)

Registration District No. 292

Primary Registration District No. 3-410

2. FULL NAME MARY ANNA TUGEL

(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

3. SEX: F

4. COLOR OR RACE: W

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (*write the word*): MARRIED

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) WIFE OF SILAS M TUGEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 19-1857

7. AGE: YEARS 78 | MONTHS 1 | DAYS 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) PENNSYLVANIA

FATHER

13. NAME JOHN DIETERLE

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

MOTHER

15. MAIDEN NAME UNKNOWN DIETERLE

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

17. INFORMANT GEORGE TUGEL
(ADDRESS) BERGER. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEWHAVEN MO. DATE SEPT 15 1935

19. UNDERTAKER Herman Blumer
(ADDRESS) Berger, Mo.

20. FILED Sept 14 1935 Jeffie Grammann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 12 1935 7:45 PM

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27 1935, to Sept. 12 1935

I last saw her alive on Sept 12 1935. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Myelogenous Leukaemia

Date of onset

Other contributory causes of importance:

Enormous Spleen

Name of operation Date of

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) W. F. Gimbeck, M. D.

(Address) New Haven Mo.

V. S. NO. 2
100M-11-24-33

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.