

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1936

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

Do not use this space.

13608

1. PLACE OF DEATH

County Saline Registration District No. 297
Township Windsor Primary Registration District No. 600794
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2,3,3
St. _____ Ward _____

2. FULL NAME Barbara English Giger

(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 54 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 George Giger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858-mar-8
7. AGE YEARS 78 MONTHS 3 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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) March 15 - 1934
11. Total time (years) spent in this occupation lifetime

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

13. NAME Adam Eglerbert

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

15. MAIDEN NAME Eva Zeigler

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

17. INFORMANT (ADDRESS) Anna Giger
All Saints

18. BURIAL, CREMATION, OR REMOVAL PLACE All Saints cemetery March 31 1936

19. UNDERTAKER (ADDRESS) Ralph C. Carr
Glasgow, Mo.

20. FILED March 26 J. M. Dunsen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1935 to 3-29 1936
I last saw her alive on 3-28 1936 Death is said to have occurred on the date stated above, at 3:48 p.m.

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

Chronic Myocarditis Date of onset ?
Severe Chronic Hypertension Myocarditis ?
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Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? No

If so, specify _____
(Signed) J. M. Dunsen, M. D.
Glasgow, Mo.
(Address)

