MAY 19 1936

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

Do not use this space.

14614

1. PLACE OF DEATH

County Cooper — Registration District No. 218 — File No.

Township — Primary Registration District No. 3015 — Registered No. 49

City Boonville (No. , St. Ward)

2. FULL NAME Augusta Emma Derendinger

(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 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Derendinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14th 1899

7. AGE: YEARS 36 — MONTHS 5 — DAYS 28 — 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): Jan 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie Home Cooper Co. Mo.

FATHER

13. NAME: Fred Havel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie Home Mo.

MOTHER

15. MAIDEN NAME: Elizabeth Imhoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prairie Home Cooper Co. Mo.

17. INFORMANT (ADDRESS): Fred Derendinger Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Grove Cooper Co. Mo. DATE: April 13th, 1936

19. UNDERTAKER (ADDRESS): Schwitzky Stegner Boonville Mo.

20. FILED: April 13, 19 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935, to April 12, 1936

I last saw her alive on April 10, 1936 Death is said to have occurred on the date stated above, at 1:30 a.m.

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

	Date of onset
Cancer	
Carcinoma uterus	

Other contributory causes of importance:

48

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) M. S. McGuire, M. D.

(Address) Boonville Mo.

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.