

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 17 1936

14729

1. PLACE OF DEATH

County Franklin Registration District No. 293
Township Calvey Primary Registration District No. 5416
City Catawissa (No. _____) St. _____ Ward _____

2. FULL NAME Anna Margaret Jaeger

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

Length of residence in city or town where death occurred 50 yrs. mos. 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

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1848				
7. AGE	YEARS 87	MONTHS 11	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. 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) Jefferson Co.
(STATE OR COUNTRY) Missouri

13. NAME Henry Gerke

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

15. MAIDEN NAME Margaret Elep

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

17. INFORMANT Laura Jaeger
(ADDRESS) Catawissa, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ditmer, Mo. DATE Apr. 5, 1936

19. UNDERTAKER B. Scheve
(ADDRESS) Catawissa, Mo.

20. FILED 4-9 1936 J. C. Gross
Reg. 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from apr 1 1936 to apr 3 1936

I last saw h. alive on apr 3 1936, Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Lobar Pneumonia 3 da
1936

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? diurnal Was there an autopsy? _____

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. H. Heuler, M. D.

(Address) Pacific Mo

