

MAR 24 1937

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

Do not use this space.

7501

1. PLACE OF DEATH

County Osage
Township Linn
City Mo

Registration District No. 644
Primary Registration District No. 5853

File No.
Registered No. 2
St. Ward)

2. FULL NAME

Katie M. Hug
(a) Residence No. St.
(Usual place of abode)

Ward. HERMANN, Mo
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LORENZ HUG

6. DATE OF BIRTH (MONTH, DAY AND YEAR) SEP 2 - 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 | 5 | 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hauskeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Berger Mo
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Berger Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Scherdegger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Bleilie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT (Address) Chas Killipus
Loose Creek Mo

15. FILED 2/13/37 1937 Emily L. Nath REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1937

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Feb 12, 1937 that I last saw her alive on 2/13, 1937, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

(duration) yrs. mos. 24 da.

CONTRIBUTORY (SECONDARY) 10⁸
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) L. A. T. Imbrey M. D.

2/12, 1937 (Address) Jefferson City
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Georges Cem. Hermann Mo DATE OF BURIAL 2/16 1937

20. UNDERTAKER Hugo Blumher Hermann Mo ADDRESS

WHILE PLAINLY, WITHIN REASONABLE DOUBT, PHYSICIANS SHOULD STATE EXACTLY. PHYSICIANS SHOULD STATE EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

