

MAR 24 1937

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

Do not use this space.

7600

1. PLACE OF DEATH

County Acton Registration District No. 668 File No. 43
Township Sedalia Primary Registration District No. 3232 Registered No. 68
City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME

Mr. Theresa J. Imberger
(a) Residence, No. 517 E. 4th St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 42 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Peter Imberger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25 - 1888
7. AGE YEARS MONTHS DAYS 48 3 15 LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Paris, Ill.13. NAME Arnold, Elizabeth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Don't Know

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

17. INFORMANT (ADDRESS) Mrs. Jno Dorsey18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 11 - 193619. UNDERTAKER (ADDRESS) Mc Laughlin Bros Sedalia20. FILED 2-11-1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1937

22. I HEREBY CERTIFY, That I attended deceased from am. 1 1936 to Feb 9 1937
I last saw er alive on Feb 9 1937. Death is said to have occurred on the date stated above, at 1030 a m.
The principal cause of death and related causes of importance were as follows:

Chronic gastritis with
overload of pyloric
(not worrains) ?
Date of onset 3 months

Other contributory causes of importance: 15
Chronic indigestion replace
Chronic myocarditis
the
not
kin

Name of operation none Date of none
What test confirmed diagnosis Chronic 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. home

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) Theresa J. Imberger, M. D.
(Address) Sedalia, Mo

N. B.—Every item of information should be carefully supplied. AGE EXACTLY AS KNOWN STATE. DO NOT SIGN. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

