

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.

JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH
76 County Jefferson Registration District No. 64.3
Township Jefferson Primary Registration District No. 5852
City Jefferson (No. 7 St. 7 Ward)

2. FULL NAME Emelia Amala Lange
(a) Residence, No. Bland mo 2 St. 7 Ward 7
(If nonresident, give city or town and State)
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.

File No. 20882

Registered No. 7

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>35</u>	<u>75</u>	<u>7</u>	<u>18</u>	

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) (STATE OR COUNTRY) Germany

13. NAME Fredrick Liebig

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

15. MAIDEN NAME Johanna Liebig

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

17. INFORMANT (ADDRESS) Herman F. Lange

18. BURIAL, CREMATION, OR REMOVAL PLACE Cooper Hill DATE April 19 1937

19. UNDERTAKER (ADDRESS) Wm. Grothues & Co. Owensville Mo

20. FILED June 10 1937 Herman F. Lange Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2 1937 to April 16 1937
I last saw her alive on April 13 1937 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus
Infected leg
Complicated with
Erdapsias
Other contributory causes of importance: 48

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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 Charles P. Leach M. D.
(Signed) Bland mo # 3
(Address)

10
10
25

