JUN 25 1937

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

Do not use this space.

20945

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 15 3 154
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 305 East 2nd. St. Ward)

2. FULL NAME Catherine Jagels
(a) Residence, No. 305 East 2nd. St., Ward.
(Usual place of abode) (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.

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: Herman Jagels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12, 1859

7. AGE: 78 YEARS, 3 MONTHS, 25 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): ILL.

FATHER
13. NAME: Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

17. INFORMANT (ADDRESS): Herman Jagels, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mem. Park DATE: May. 9, 1937

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home, Sedalia, Mo.

20. FILED 5-8 1937 Jean Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May. 7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1937 to 05/7, 1937
I last saw her alive on May 7, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/1/37
Other contributory causes of importance:	
Arterio Sclerosis	?
Chr. Ind. Nephritis	?

Name of operation: none Date of: —
What test confirmed diagnosis? — 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) Frank B. Lowe, M. D.
(Address) Sedalia, 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.