

OCT 20 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County JacksonTownship BoonvilleCity Boonville (No. 12)Registration District No. 306Primary Registration District No. 1424File No. 34187Registered No. 12St. Mo. Ward 12

## 2. FULL NAME

(a) Residence, No. Swiss, Mo.

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 70 yrs. 0 mos. 0 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 Martin Engelbrecht

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

October 29 - 1860

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

0761020day, 0 hrs.or 0 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

House work

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Christ Frederick

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

15. MAIDEN NAME Mary (unknown)

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

17. INFORMANT Martin Engelbrecht

## 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER W. F. Sottentruster20. FILED 9-19-37 John Engelbrecht Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

September 18th 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

September 5th 1937, to Sept 17th 1937I last saw her alive on Sept 18th 1937. Death is saidto have occurred on the date stated above, at 1:45 a. m.

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

Date of onset

Chronic EndocarditisSept 18th

Other contributory causes of importance:

Chronic Bright's diseaseName of operation None Date of NoneWhat test confirmed diagnosis? Clinical type Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1937Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify E. F. Rhodius(Signed) E. F. Rhodius, M. D.(Address) Boonville Mo.

