

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County KnoxTownship Salt RiverCity Morely

(No.

Registration District No. 446Primary Registration District No. 4264File No. 38017

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHenry Botts

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

May-23-1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

348096

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Homemaker

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)

Cincinnati Ohio

FATHER

13. NAME

John Hergel

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

in known Germany

MOTHER

15. MAIDEN NAME

Maria Wanger

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

in known Germany

17. INFORMANT (ADDRESS)

Henry Botts Morely Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Morely Mo.DATE Oct 31 1937

19. UNDERTAKER (ADDRESS)

Wm. J. W. Hudson Edina Mo.

20. FILED

11/131937 Anna M. Gibson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 28

1937

22. I HEREBY CERTIFY, That I attended deceased from

January

1937, to

Oct. 28

1937.

I last saw him alive on Oct. 28, 1937. Death is saidto have occurred on the date stated above, at 8 A.M.

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

Chronic Interstitial Nephritis

Date of onset

Chronic

Other contributory causes of importance:

Smoking131

Name of operation _____

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) C. Gibson

_____, M. D.

(Address) Morely Mo.1937

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.

