

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City, Mo.

St. Mary's Hospital

File No. 41033

Registered No. 299

St. _____ Ward _____

2. FULL NAME Mrs Sophia Rehagen

(a) Residence, No. Westphalia, Mo. 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

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 OF

Frank C. Rehagen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

35

43

6

20

OCCUPATION

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

At Home

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) Loose Creek, Mo.

13. NAME John Scheulen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loose Creek, Mo.

15. MAIDEN NAME Conradina Kremer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loose Creek, Mo.

17. INFORMANT Frank C. Rehagen (ADDRESS) Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Westphalia DATE Nov. 16, 1937

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City, Mo.

20. FILED 11/15/37 J. B. Goff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-4 to 11-13, 1937

I last saw her alive on 11-13, 1937 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Acute Insufficiency of Myocardium

Date of onset

Other contributory causes of importance:

Chronic nephritis
Arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. B. Goff, M. D.

(Address) Jefferson City, Mo.

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.

WHITE TABULET, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X 6314

