

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

Do not use this space.

1. PLACE OF DEATH

County Shelby
Township Salt River
City Shelbina (No. _____ St. _____ Ward _____)

Registration District No. 830
Primary Registration District No. 4503

File No. 4324
Registered No. 1-

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-10-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-11-1866

22. I HEREBY CERTIFY, That I attended deceased from 1-10-1938, 1938, to 1-10-38, 1938.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 9 29

I last saw her alive on 3-1-1935 Death is said to have occurred on the date stated above, at 9:10 a.m.

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 _____

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

Apoplexy Date of onset 1-10-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pomeroy Ohio

Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? no

13. NAME Geo. Frecker

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

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Margaret Gerstein

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT E. L. Hilber (ADDRESS) Shelbina, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery Jan 12 1938

Manner of injury _____
Nature of injury _____

19. UNDERTAKER E. P. Thompson (ADDRESS) Shelbina, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) A. M. Wood M. D.
Shelbina, Mo. (Address)

20. FILED Jan 11 1938 Ruth Joyner Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 20 1958

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH