

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D JAN 18 1938

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

Do not use this space.

43548
29

1. PLACE OF DEATH

County *Johnson* 2
Township *Washington* 1
City (No. *216*)

Registration District No. *29*
Primary Registration District No. *3584*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Emma Pearl Siegfried

(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

3. SEX *female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *S. H. Siegfried*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May - 4 - 1890*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 22

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

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) *Shelby Co. Ill. 1*

13. NAME *Clinton Miller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill. 1*

15. MAIDEN NAME *Stanley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill. 1*

17. INFORMANT *S. H. Siegfried*
(ADDRESS) *1607 North Main Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *1607 North Main Mo.* DATE *Dec - 28 - 1938*

19. UNDERTAKER *C. L. Sauls*
(ADDRESS) *1607 North Main Mo.*

20. FILED *Dec 27 1938* Registrar. *J. A. Koch*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec, 26, 1938*

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw h. alive on *Sudden* 1938. Death is said

to have occurred on the date stated above, at...m.

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

Coronary Occlusion Date of onset

Other contributory causes of importance: *9412*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) *J. A. Koch* M. D.

(Address) *Washington St.*

Date Filed 11/6/39
District File Number 116/39

District Health Officer No. 8,
RECEIVED