

JUN 13 1935

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

Do not use this space.

15777

1. PLACE OF DEATH

County Cape Girardeau
Township "
City "

Registration District No. 125
Primary Registration District No. 3009
(No. So First Hospital)

File No. _____
Registered No. 119
St. _____ Ward _____

2. FULL NAME Sophia Wilmonia Harger

(a) Residence, No. 916 S. ELLIS St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>	<u>67</u>	<u>3</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Gordonville Mo

13. NAME Philip Seiners
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

15. MAIDEN NAME Charlette Groshide
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gladstone Mo

17. INFORMANT Robert Harger
(ADDRESS) Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's Catholic Church DATE May 7 1935

19. UNDERTAKER L.P. Hawan
(ADDRESS) 1075 Spring

20. FILED May 5 - 1935
J.M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1935
22. I HEREBY CERTIFY, That I attended deceased from March 3 1935 to May 5 1935
I last saw h. or alive on May 5 1935. Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

Organic Heart Lesion
Chronic nephritis
Date of onset _____

Other contributory causes of importance _____
Name of operation None 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) Paul P. Williams M. D.
(Address) Cape Girardeau, Mo.

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.

JUN 17 1945

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township "
City "

Registration District No. 125
Primary Registration District No. 3009
(No. 916 So. Ellis St.)

File No. _____
Registered No. 119
St. _____ Ward _____

2. FULL NAME Sophia Hager

(a) Residence, No. 916 So. Ellis St. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Phillip Hager</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16, 1867</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>3</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work.</u>		
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) Gordonsville Mo.

13. NAME Philip Seimers

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

15. MAIDEN NAME Charlotte Groshider.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freadhime Mo.

17. INFORMANT Robert Hager.
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Christ Luthern Cemt May 7, 1935

19. UNDERTAKER Haman's Funeral Home.
(ADDRESS) Cape Girardeau Mo.

20. FILED May 15, 1935 J. M. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1935 to May 5, 1935
I last saw her alive on May 5, 1935. Death is said to have occurred on the date stated above, at 155 BM
The principal cause of death and related causes of importance were as follows:

Organic (Heart Lesion)
Chronic Nephritis

Date of onset _____

Other contributory causes of importance: 131

Name of operation Neph 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?
If so, specify _____
(Signed) Paul R. Williams, M. D.
(Address) Cape Girardeau, Mo.

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.

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