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

Do not use this space.

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1. PLACE OF DEATH
County: BATES
Township: OSAGE
City: RICH HILL MO (No. ..... St. ..... Ward)

Registration District No. 53
Primary Registration District No. 8006

File No. .....
Registered No. 3

2. FULL NAME GUIDO JAEGER

(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: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word): WIDOWED
5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF ~~(OR) WIFE OF~~: WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 8, 1851
7. AGE — YEARS: 81 — MONTHS: — — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: CONTRACTOR
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): GERMANY 10

FATHER
13. NAME: DONT KNOW
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: DONT KNOW
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): Dr Billings Topeka Kans
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: 1-12 1932
19. UNDERTAKER (ADDRESS): H E Baughman Rich Hill Mo
20. FILED: Jan 12 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10 1932
22. I HEREBY CERTIFY, That I attended deceased from January 27 1931 to Jan 10 1932
I last saw him alive on Nov 24 1931. 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:

	Date of onset
Cerebral Hemorrhage	
82A	

Other contributory causes of importance:

Name of operation ..... Date .....
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? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Rich Hill Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in years, months and days. Cause of death should be stated EXACTLY and in full. Exact statement of the CAUSE OF DEATH in plain terms, so that it may be properly classified.

JAN 21 1932