

*Concordia Copy*

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Wayne  
Township Black River  
or  
Village  
or  
City

Registration District No. 993

File No. 43755-A

Primary Registration District No. 6194

Registered No. 25

(No.)

St. (Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Margaret Jane Scheppelman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married
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6 DATE OF BIRTH

Born 3 17, 1888  
(Month) (Day) (Year)

7 AGE

45 yrs. 1 mos. 2 d.

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

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work House wife

(b) General nature of industry  
business, or establishment in  
which employed (or employer) S

9 BIRTHPLACE

(City or town,  
State or foreign country)

Wayne Co Mo

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec. (Month) 19 (Day) 1916 (Year)

17 I HEREBY CERTIFY, that I attended deceased from  
Feb., 1916, to Dec., 1916,  
that I last saw her alive on Dec. 4, 1916,  
and that death occurred, on the date stated above, at 12:30 a.m.  
The CAUSE OF DEATH\* was as follows:

48 Gen. Carcinoma  
following hysterectomy  
3 for carcinoma of cervix  
19 (Duration) 1 yrs. mos. d.

CONTRIBUTORY  
(Secondary)

(Duration) yrs. mos. d.

(Signed) P. W. Berry M. D.  
Dec. 20, 1916 (Address) Cape Girardeau Mo

\*State the Disease Causing Death, or, in death from Violent Causes, state  
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,  
or Recent Residents)

At place of death yrs. mos. d. In the State yrs. mos. d.

Where was disease contracted if not at place of death?

Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John S. Moore

(Address) Phoenix Mo

15 DECE. 1916  
Filed Dec. 16, 1916 O.W. Holt  
Registrar

19 PLACE OF BURIAL OR REMOVAL

Wollard Cem

DATE OF BURIAL

Dec. 20, 1916

20 UNDERTAKER

Sam Wilson

ADDRESS

Tucker Mo