NOV 21 1930

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

Do not use this space.

32065

1. PLACE OF DEATH
County: Benton
Township: Williams
City: Cole Camp (No. ..... St. ..... Ward)

Registration District No.: 5-9
Primary Registration District No.: 4034

File No. .....
Registered No.: 20

2. FULL NAME: Katherine Magrathe ~~Wumuth~~ Wymuth

(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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF: Henry Wymuth

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-24-1866

7. AGE: 64 YEARS | 4 MONTHS | 1 DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Stover
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Jacob Brandt
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Katherine Gestman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany

14. INFORMANT: Walter Wymuth
(Address): Cole Camp Missouri

15. FILED: Nov 1, 1930 Harry Boy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-26-30, 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1930 to Oct 26, 1930 that I last saw her alive on Oct. 26, 1930, and that death occurred, on the date stated above, at 2:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver.

H/o E (duration) ..... yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 27th 1930
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Harry Boy, M. D.
10-27, 1930 (Address) Cole Camp Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Trinity Lutheran Cem.
DATE OF BURIAL: 10-28-1930

20. UNDERTAKER: E. L. Eckhoff
ADDRESS: Cole Camp 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.