

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

Do not use this space.

17504

51

File No. \_\_\_\_\_  
Registered No. 248  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Cooper  
Township \_\_\_\_\_  
City Boonville (No. \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 3015  
St. Josephs Hosp.

**2. FULL NAME**

Catherine Dilthey

(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)**

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Mar. 9, 1855

**7. AGE**

YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
76	1	28	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Switzerland

**PARENTS**

**10. NAME OF FATHER**

Peter Bader

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Switzerland

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14. INFORMANT**

Chas. Dilthey  
(Address) 9 Beaman, Mo.

**15. FILED**

5/8 31  
J. A. Russel,  
REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 7, 1931

**17.**

I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to May 7, 1931, and that I last saw him alive on May 7, 1931, and that death occurred, on the date stated above, at 10:18 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma ventriculi  
(Cancer of stomach)  
46 B inoperable  
189 (duration) 1 yrs. 0 mos. 0 ds.

**CONTRIBUTORY (SECONDARY)**

cardiac stenosis  
(duration) 1 yrs. 0 mos. 0 ds.

**18. WHERE WAS DISEASE CONTRACTED**

Pilot Grove, Mo.  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X ray

(Signed) Hein Rauschning, M. D.

May 7, 1931 (Address) Boonville, 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**

Pilot Grove Cem. DATE OF BURIAL May 9, 1931

**20. UNDERTAKER**

Schultzky & M. Coary ADDRESS Boonville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAY 23 1931

