

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

Do not use this space.

30189

1. PLACE OF DEATH

94 County St. Francois Registration District No. 773
 5 Township " Primary Registration District No. 4464
 4 City Farmington (No. " St. " Ward ")

File No. "
 Registered No. 102

2. FULL NAME

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1871

7. AGE YEARS 60 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo

MOTHER 13. NAME Christian Schuttler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

FATHER 15. NAME Fredricka Diebecker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT C. C. Schuttler

18. BURIAL, CREMATION, OR REMOVAL PLACE Copenhagen DATE 9-18 1932

19. UNDERTAKER (ADDRESS) Heider and Co. Farmington, Mo

20. FILED Sept 15 1932 T. B. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept. 14, 1932

I last saw her alive on Sept 14, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma bilateral
Pancreas metastases
In cervical glands & uterus
and 2nd rib. transverse
& inguinal glands

Other contributory causes of importance:

49

Name of operation panctomy Date of Sept. 1932

What test confirmed diagnosis? Smear 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) J. H. Waters, M. D.

(Address) "

WRITE PAINLY, 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.

OGT 28 1932

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