

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

Do not use this space.
31855

1. PLACE OF DEATH

32 County DeKalb Registration District No. 261 File No. _____
4 Township Washington Primary Registration District No. 4160 Registered No. 8
3 City Stewartville Mo St. _____ Ward _____

2. FULL NAME

Miss Josephine Lucibe Piepergerdes
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13 - 1913</u>		
7. AGE	YEARS	MONTHS
	<u>19</u>	<u>7</u>
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stewartville Mo</u>		
FATHER	13. NAME <u>Henry C. Piepergerdes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Danville Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Lydia Davies</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burlington Iowa</u>	
17. INFORMANT <u>Henry C. Piepergerdes</u> (ADDRESS) <u>Stewartville</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Maple Grove</u>	DATE <u>Oct 3 1932</u>
19. UNDERTAKER (ADDRESS) <u>F. G. Ryan</u> <u>Stewartville Mo</u>		
20. FILED <u>Oct 7 1932</u> <u>R. S. Samson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from April 7 1932 to Oct 1 1932
I last saw her alive on Sept 28 1932 Death is said to have occurred on the date stated above, at 7:30 pm.
The principal cause of death and related causes of importance were as follows:
Carcinoma left ovary
H9A 4/9
Other contributory causes of importance none
Removal malignant ovarian cyst 4/9/32

Name of operation Exploratory 9/12/32 Date of _____
What test confirmed diagnosis? operation 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? no
If so, specify _____
(Signed) C. H. Mallow Jr M. D.
(Address) 301 W. 8th Joseph 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.

NOV 23 1932

WHITE PLAIN; WITH UNFADING INK—THIS IS A PERMANENT RECORD

