

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

Do not use this space.

40317

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
 Township Platteau Primary Registration District No. 5576
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 88

2. FULL NAME

Catherine A. Prismo
 (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) Dec 22-1859

7. AGE YEARS 72 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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 _____

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

13. NAME David Ditch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 2

15. MAIDEN NAME Elizabeth Guly

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

17. INFORMANT Louis Prismo

18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland DATE 12/11 1932

19. UNDERTAKER (ADDRESS) Link and Co

20. FILED 12/17 1932 J. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932 to Dec 7, 1932

I last saw her alive on Dec 7, 1932 Death is said to have occurred on the date stated above, at 10:00 P.

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

Coronary Thrombosis
Duration 30 minutes

Date of onset 12-7-32

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1932

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) John F. Rutledge, M. D.
 (Address) Crystal City, Mo.

WRITE PLAINLY, 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.

JAN 24 1933

