

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 20 1936

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

Do not use this space.

36985

1. PLACE OF DEATH  
County Cape Girardeau Registration District No. 129  
Township Shannon Primary Registration District No. 5180  
City (No. ) St. Ward

2. FULL NAME Lillian Gertrude Rumpfelt  
(a) Residence, No. St. Ward. (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 Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5<sup>th</sup>, 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 0 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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  
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Healy Landing, Mo

13. NAME Hezekiah Rumpfelt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union County, Illinois

15. MAIDEN NAME Berweige Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greutland, Missouri

17. INFORMANT Hezekiah Rumpfelt  
(ADDRESS) Healy Landing, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethel Cem #2 DATE Oct 19- 1936

19. UNDERTAKER Fred Koberst  
(ADDRESS) Union Mills, Mo.

20. FILED Oct 18- 1936 F. J. Schorn  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18<sup>th</sup>, 1936  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 12<sup>th</sup>, 1936 to Oct. 16<sup>th</sup>, 1936  
I last saw her alive on October 15<sup>th</sup>, 1936 Death is said to have occurred on the date stated above, at 4:27 P. M.

The principal cause of death and related causes of importance were as follows:  
Enterocolitis Acute Date of onset 10 days

Other contributory causes of importance:  
None  
Name of operation None Date of do  
What test confirmed diagnosis? do Was there an autopsy? do

28. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury do, 19 do  
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 do  
Nature of injury do

24. Was disease or injury in any way related to occupation of deceased? do  
If so, specify Theodore Fischer M. D.  
(Signed) Allenburg, Missouri  
(Address)

