

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

Do not use this space.

1221

28 1927

1. PLACE OF DEATH
 County Lewis Registration District No. 477
 Township Primary Registration District No. 428te
 City Canton (No.) St. Ward)

2. FULL NAME Mrs Catherine Madden
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 4 9

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1927, to Apr 10 1927, that I last saw her alive on Apr 11 10 1927, and that death occurred, on the date stated above, at 3 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
 (duration) yrs. mos. ds.

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)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

9. BIRTHPLACE (CITY OR TOWN) Baden
 (STATE OR COUNTRY) Germany

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Fredrick Spittler

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Dr. H. Harris & Jennings M. D.
1927 (Address) Quinton Mo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs Catherine Spittler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
 (STATE OR COUNTRY) Germany

*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.

14. INFORMANT Miss Catherine Madden
 (Address) Canton Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Canton Mo DATE OF BURIAL April 17 1927

15. FILED 4-17-27 1927 H. W. Harris
 REGISTRAR

20. UNDERTAKER M. S. Kelley ADDRESS Canton 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.

