

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

Do not use this space.

1. PLACE OF DEATH

County.....Jefferson.....
Township.....Joachim.....
City.....Herculaneum.....

Registration District No. 421
Primary Registration District No. 5575-

File No. 24243
Registered No. 70
St. _____ Ward _____

2. FULL NAME Katherine Mary Stumpf

(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 12 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip Stumpf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 3rd. 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 36 7 24

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 employee) General Housework
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Washington County Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER C. Coleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington County Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Trokey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington County Mo.
(STATE OR COUNTRY)

14. INFORMANT Philip Stumpf
(Address) Herculaneum Mo.

15. FILED 7/28 1928 J.E. Rutledge
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28th 1928

17. I HEREBY CERTIFY That I attended deceased from 1920 to July 28th 1928
that last saw her alive on July 28th 1928, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Breast
5047 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) General Infection (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. O. E. Hensley, M. D.

July 28, 1928 (Address) Herculaneum Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Herculaneum Mo. DATE OF BURIAL 19

20. UNDERTAKER

Quickest Universal. Festus Mo. ADDRESS

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.

