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

Do not use this space.

30152

2 3 1928

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.

1. PLACE OF DEATH

County: Franklin — Registration District No.: 297 — File No.:

Township: — Primary Registration District No.: 2616 — Registered No.: 70

City: Washington (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Ida Stumpe

(a) Residence. No. 407 W. 5th St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: F.W. Stumpe

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 30, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	11	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Washington
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Hy. Haverkost
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Sophie Hoelscher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)

14. INFORMANT: Viola Stumpe,
(Address): Washington, Mo.

15. Sept. 10, 1928. O. L. Mennet, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1928, to Sept 7, 1928, that I last saw her alive on Sept 7, 1928, and that death occurred, on the date stated above, at 8:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gallbladder
1 mo
1 yr
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Gallstones
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 1, 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Operation
(Signed) Robert R. Cutler, M. D
Sept. 8, 1928 (Address) Washington 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	DATE OF BURIAL
St. Peters Cemetery, Washington Mo.	9-11-1928
20. UNDERTAKER	**ADDRESS**
Otto & Co. by G.H.O.	Washington, Mo.