

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

Do not use this space.

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File No. ~~38~~ 33
Registered No. 218
St. _____ Ward _____

1. PLACE OF DEATH

County Cooper Registration District No. 218
Towship _____ Primary Registration District No. 3013-
City Boonville (No. _____)

2. FULL NAME

Stella T. Mische
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 or (OR) WIFE of A. F. Mische

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 — 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Wm. Grindstaff

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

12. MAIDEN NAME OF FATHER Mrs. Mecho.

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

14. INFORMANT A. F. Mische (Address) Boonville Mo.

15. FILED 5/4 31 1931 G. A. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1929 to April 2 1931.
that I last saw h. e. alive on April 2 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of sigmoid

H&C (duration) 2 yrs. mos. da.

CONTRIBUTORY Abdominal metastases (SECONDARY) (duration) 6 yrs. mos. da.

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 19 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? operation & exam.
(Signed) Ream Ramon, M. D.

4. 11, 1931 (Address) Boonville 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 Walnut Grove Cem. DATE OF BURIAL April 5 1931

20. UNDERTAKER Goodman & Collier ADDRESS Boonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MAY 23 1931

