

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

Do not use this space.

17334  
# 7  
File No. \_\_\_\_\_  
Registered No. 176  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH  
County Cape Girardeau Mo. Registration District No. 126  
Township \_\_\_\_\_ Primary Registration District No. 4069  
City Gordonville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward)

2. FULL NAME Mrs Louise Probst  
(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**

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 Mr Robt Probst

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2 1864

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>67</u>		<u>2</u>	<u>21</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. House wife 1931  
(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) Cape Girardeau Mo.

10. NAME OF FATHER Henry Bartel

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

12. MAIDEN NAME OF MOTHER Louise Rohkamp

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

14. INFORMANT Mr Robt Probst  
(Address) Gordonville, Mo

15. FILED 3/24 31 1931 H. W. Baugher REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 27 - 1930 to May 23 - 1931, and that I last saw him alive on April 21 - 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
arterio sclerosis  
94A  
97  
(duration) 1 yrs. 1 mos. 23 ds.

CONTRIBUTORY Angina Pectoris  
(SECONDARY)  
(duration) 6 yrs. 6 mos. 6 ds.

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

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) W. W. Ford, M. D.

May 24 - 1931 (Address) Gordonville, 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 <u>Harmon Cemetery, Cape Girardeau, Mo.</u>	DATE OF BURIAL <u>May 25 1931</u>
20. UNDERTAKER <u>Funerary Home</u>	ADDRESS <u>Cape Girardeau, Mo.</u>

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.

