

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

Do not use this space.

21083

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township Harrington Primary Registration District No. 3016
 City Washington (Near St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 82
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. New Haven Mo. Ward. _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1. 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 August Bickmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 297

10. Date deceased last worked at this occupation (month and year) 6/1/31 11. Total time (years) spent in this occupation. 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

13. NAME Hensy Menke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Rose Moosman

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Dixon Mo. DATE June 11 1931

19. UNDERTAKER (ADDRESS) Nichols & Co. Inc. Washington Mo.

20. FILED June 11 1931 O. L. Munch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-31 1931

22. I HEREBY CERTIFY, That I attended deceased from April 18 1930 to June 9 1931
 I last saw her alive on June 8 1931. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia Cancer of Breast
56
83 D. 50

Date of onset 6-9-31

Other contributory causes of importance: Cancer of Breast 4-18-30

Name of operation For Cancer of Breast Date of 5-27-31

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) B. S. Munch M. D.
 (Address) Washington Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 26 1931

