

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.

31-6-20
82-5-24

49-0-16

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

Do not use this space.

22398

1. PLACE OF DEATH

County Pike
Township Ashley
City (No. County Farm)

Registration District No. 683
Primary Registration District No. 5911

File No.
Registered No.
St. Ward

2. FULL NAME

Mrs. Catherine Dingman
(a) Residence, No. Louisiana Mo Ward
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 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 Harry Dingman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/24-1870

7. AGE YEARS 49 MONTHS 0 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co, Mo

13. NAME James Stetin

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Catherine Dingman

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana Mo DATE 6/21/31

19. UNDERTAKER (ADDRESS) J. C. Hays

20. FILED 1/21 1931 R. M. Hetherlin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20/31

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to 6-20-31, 1931.
I last saw her alive on June 10, 1931. Death is said to have occurred on the date stated above, at 10:15 pm.
The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Date of onset
Death
known

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) J. H. Hilco, M. D.
(Address) Bowling Green Mo

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