

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

Do not use this space.

25788

**1. PLACE OF DEATH**

County Podaway  
Township East  
City Maryville (No. \_\_\_\_\_)

Registration District No. 6231  
Primary Registration District No. 3031

File No. \_\_\_\_\_  
Registered No. 76 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1931  
17. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to July 29, 1931, that I last saw her alive on July 29, 1931, and that death occurred, on the date stated above, at 3:30 P.M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Peter Dietz

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1872  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 5 21

Starvation - chronic  
Intestinal obstruction  
1929

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

(duration) yrs. 1 mos. 15 ds.  
CONTRIBUTORY (SECONDARY) Carcinoma of the Stomach  
(duration) yrs. 8 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Mo

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH  
4609  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF About May 1st  
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER William Bredenkamp

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy  
(Signed) Jack Rowlett, M. D.

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

12. MAIDEN NAME OF MOTHER Elise Kottner

, 19 (Address) Maryville Mo

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

\*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.

14. INFORMANT (Address) Peter Dietz  
Maryville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Miriam Cemetery July 31 1931

15. FILED 7-30 1931 Manuel E. Clardy  
REGISTRAR

20. UNDERTAKER ADDRESS  
Bierman Co Maryville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is not necessary.

1961 21 1900