

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

Do not use this space.

**37052**

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
Township " " Primary Registration District No. 2009  
City " (No. 118 So. Pacific)

File No. 37052  
Registered No. 818  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 118 S. Pacific 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**

3: SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Kraup</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15 - 1865</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>10</u>	DAYS <u>28</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation _____

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/12 - 1931

22. I HEREBY CERTIFY, That I attended deceased from January-5th, 1935, to Nov-12th, 1931  
I last saw her alive on Nov. 12th, 1931 Death is said to have occurred on the date stated above, at 12 Pm.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Brest. Date of onset 50  
46 50

Other contributory causes of importance:  
Metastasis to Liver.

Name of operation Radical Breast section Date of \_\_\_\_\_ 1925  
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) John P. Petersen, M. D.  
(Address) 803 W. 11th St. Cape Girardeau

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.

MOTHER / FATHER

13. NAME Frank Brilinghaus

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

15. MAIDEN NAME Mary Unnustall

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

17. INFORMANT Miss Anna Kraup  
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Nov. 16, 1931

19. UNDERTAKER (ADDRESS) Walthus Und. Co.  
Cape Girardeau Mo.

20. FILED 11/16, 1931 W. B. Kumpfer  
Registrar.

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.

DEC 21 1931

