

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

Do not use this space.

40248
40338

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. 622 No Sprigg)

File No. _____
Registered No. 837
St. _____ Ward _____

2. FULL NAME

Mrs Cecelia Brodtmann

(a) Residence, No. 622 No Sprigg 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Brodtmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 2

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

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) Honau Germany

13. NAME Antone Schrock

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

15. MAIDEN NAME Cecelia Buffet

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

17. INFORMANT Mrs Th M J Brodtmann
(ADDRESS) 622 No Sprigg

18. BURIAL, CREMATION, OR REMOVAL PLACE Lermus Cemetery Dec. 8 1931

19. UNDERTAKER Burial Home
(ADDRESS) Lermus Cemetery

20. FILED 1277 1931 W C Taylor
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 9th 1931, to Dec 6th 1931

I last saw her alive on Dec 5th 1931. Death is said to have occurred on the date stated above, at 2:30 A. m.

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

Senility

arteriosclerosis

Other contributory causes of importance:

none

Name of operation _____ Date of _____

What test confirmed diagnosis? symptoms 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? If so, specify.

(Signed) G R Schuck, M. D.

(Address) Cape Girardeau, Mo.

Date of onset
unknown

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.

JAN 19 1932

