

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

1. PLACE OF DEATH

County Luchaux Registration District No. 86
 Township St Joseph Mo Primary Registration District No. 1001
 City St Joseph Mo (No. 4) State Hospital #2

File No. 1830
 Registered No. 1830
 St. _____ Ward _____

2. FULL NAME

Matilda Dabringhausen
 (a) Residence. No. 819 Parker St Joseph Ward _____
 (Usual place of abode) Luchaux (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Dabringhausen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1846

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
85 4 8

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 10

10. NAME OF FATHER Bernard W. Ecken
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Wilhelm Regel
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Records State Hosp #2 St Joseph Mo

15. FILED 1-7-32 John B. Bender Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1932
 17. I HEREBY CERTIFY, That I attended deceased from July 15 1931, to Jan 6 1932 that I last saw her alive on Jan 6 1932, and that death occurred, on the date stated above, at 2:00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
930
102
Chronic Myocarditis
 (duration) yrs. 3 mos. 21 ds.
 CONTRIBUTORY Senile Psychosis
 (SECONDARY) (duration) yrs. 3 mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH... 930

DID AN OPERATION PRECEDE DEATH? no DATE OF...
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Clepton Smith M. D.
1/6/32 (Address) State Hosp #2 St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Ashland Cemetery Jan 7 1932

20. UNDERTAKER ADDRESS
H.C. Sidwell 1802 Union St

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.

FEB 23 1932

MARGIN RESERVED FOR BINDING

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