

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

Do not use this space.

7622

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township _____ Primary Registration District No. 18009
 8 City _____ (No. 16 Mrs. Hoop) St. _____ Ward _____

2. FULL NAME Mrs Lucy Van Giedes Schow
 (a) Residence, No. 72 N. Benton St. _____ 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-10-1909

7. AGE YEARS	MONTHS	DAYS	If LESS than day, hrs. or min.
22	0	16	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 22

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) Cape Girardeau Mo

FATHER

13. NAME Robt Lee Van Giedes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County

MOTHER

15. MAIDEN NAME Ma Belle Marion

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

17. INFORMANT Mrs Helen Van Giedes (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE 3-10-32

19. UNDERTAKER Drinkopp - Howell (ADDRESS) 536 Bayway Cape Girardeau Mo

20. FILED 2/9 1932 Lucy Van Giedes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/6 to 3/8
 I last saw her alive on 3/7, 1932 Death is said to have occurred on the date stated above, at 4 a m.
 The principal cause of death and related causes of importance were as follows:
25
INTERV. OBSTR.
OTIO N
1310
 Other contributory causes of importance: (1)
Fibecular Peritonitis
 Name of operation ENTEROSTOMY Date of 3/7/32
 What test confirmed diagnosis? _____ 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) Drinkopp, M. D.
 (Address) Cape Girardeau Mo

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. APR 15 1932

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Dope Grw Registration District No. 125
 Township _____ Primary Registration District No. 3009
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lucy Van Gorder Schoen
 (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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

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

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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 5/12 1932 W. K. Kumpfer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction Date of onset _____

Other contributory causes of importance:
Tubercular Peritonitis

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) [Signature] _____, M. D.
 (Address) Cape Breton

SUPPLEMENTARY

REGISTRY NOT RECEIVE A FEE FOR STATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 Information should be stated EXACTLY as it appears on the original certificate. Exact statement of cause of death should be given in plain terms, so that it may be classified. Exact statement of occupation is very important.

W.K.

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