

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

Do not use this space.

7840

1. PLACE OF DEATH

26 County Cola Registration District No. 212
Township Clark Primary Registration District No. 5292
City Russellville, Mo. No. _____ St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME Margariete Magdalena Pistel

(a) Residence, No. Russellville, Mo. 5 mi. south. 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, WIDOWER, OR DIVORCED Married
(OR) WIFE OF Nick Pistel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmers Wife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stringtown, Mo.

13. NAME Nick Kantsch.

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

15. MAIDEN NAME Katharine Schodel

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

17. INFORMANT Nick Pistel
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Russellville, Luth. Cem. 3/22/32
PLACE DATE

19. UNDERTAKER W. S. Lullie
(ADDRESS) Russellville, Mo.

20. FILED Mar 16 1932 Mrs. Louac
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1932

22. I HEREBY CERTIFY That I attended deceased from March 10, 1932 to March 19, 1932

I last saw him alive on March 18, 1932 Death is said to have occurred on the date stated above, at 2:45 A.M.

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

Apoplexy
Stroke
1

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?
Has specify _____ (Signed) W. S. Lullie, M. D.
(Address) Russellville, Mo.

Date of onset
Mar 10 1932

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 5 1932

WRITE FULL NAME WITH SURNAME

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