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.

MAY 23 1932

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

Do not use this space.

11844

1. PLACE OF DEATH
16 County Cape Guardean Registration District No. 125
1 Township " " Primary Registration District No. 3009
8 City " " (No. St. Ward)

File No.
Registered No. 88

2. FULL NAME Mrs Rose Marie Umbeck

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-25-1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	1	16	

OCCUPATION
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) Mill Creek Illinois 2

FATHER
13. NAME Joseph Moyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

MOTHER
15. MAIDEN NAME Marie Pickel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs Louis Blattner Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farmer Cemetery DATE April 14, 1932

19. UNDERTAKER (ADDRESS) Brinkopf Howell Cape Girardeau Mo

20. FILED 4-14, 1932 W. C. Kaempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1932, to April 11th, 1932
I last saw her alive on April 11th 1932 Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
Toxaemia following Cholecystectomy	127B 127A 69B	April 8th 1932
Other contributory causes of importance: Chr. Cholecystitis	127	

Name of operation Cholecystectomy Date of 4/5/32
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 (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. B. Schulz, M. D.
(Address) Cape Girardeau, Mo.