

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

Do not use this space.

23196

1. PLACE OF DEATH
 50 County Jefferson Registration District No. 420
 2 Township Wells Primary Registration District No. 3022
 7 City Wesoto (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Stute
 (a) Residence, No. 611 3rd St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Stute</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10, 1860</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>0</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>August Brogger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. Wm. Darlak</u> (ADDRESS) <u>Wesoto, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Robert's Hall</u> DATE <u>July 25, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Donnell B. Welch</u> <u>Wesoto, Mo.</u>		
20. FILED <u>7/23</u> 19 <u>32</u> <u>S. R. Parry</u> (Registrar)		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to July 22, 1932.
 I last saw her alive on July 22, 1932. Death is said to have occurred on the date stated above, at 9:30 am.
 The principal cause of death and related causes of importance were as follows:
Chronic Kidney Complications with acute heat prostration, acute.
 Other contributory causes of importance: Arteriosclerosis (3)
 Date of onset: acute: July 12, 1932
Chronic: ? 1905

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) Mary Ann McMillan D.O.
 (Address) De Soto, 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.

JUL 24 1932

