

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

Do not use this space.

31186

1. PLACE OF DEATH

103 County Stoddard
Township Castor
City Bloomfield, Mo. (No. 177)

Registration District No. 837
Primary Registration District No. 6299

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

2. FULL NAME

Catherine Parallec Mau

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-20-1861</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>2</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>
	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) ava Illinois ?

13. NAME James Walster

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Eda Raper
(ADDRESS) Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hills Cemetery DATE 9-29 1932

19. UNDERTAKER J. A. Childs & Co.
(ADDRESS) Bloomfield, Mo.

20. FILED Oct 10 1932 Edw. Ford

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1932, to Sept. 28 1932

I last saw her alive on Sept. 25th 1932 Death is said

to have occurred on the date stated above, at 5:00 P.M.

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

Remitting Malarial Fever
38
120°

Date of onset 9/12/32

Other contributory causes of importance:
chronic Mucous Catarrh

Name of operation no Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) S. S. Kowitz, M. D.

(Address) Duquesne, Mo.

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.

Oct 30 1932

