

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

WAR 4 1933
 WAR 1933
 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.

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

Do not use this space.

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near City Farmington, Mo. (No. State Hospital No. 4, State Hospital No. _____, _____ St. _____ Ward _____)

File No. 2938
 Registered No. 11

2. FULL NAME Elizabeth Wichman
 (a) Residence, No. Doe Run 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 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 Gus Wichman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 17/1865
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
47 2 6
 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.
 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) Mine La Motte Mo.

FATHER 13. NAME Henry Kassbaum 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Minnie Smith 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plot Doe Run DATE Jan 25, 1933

19. UNDERTAKER President and Co. (ADDRESS) Farmington Mo

20. FILED Jan 25, 1933 T. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23, 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to Jan 23, 1933
 I last saw her alive on Jan 23, 1933 Death is said to have occurred on the date stated above, at 12:55 a. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of colon
Primary of descending colon
 Date of onset
 Other contributory causes of importance: 1/10/0

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) Ralph H. Hark, M. D.
 (Address) Farmington

