

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

Do not use this space.

15364

1. PLACE OF DEATH
 97 County Saline Registration District No. 796
 5 Township Primary Registration District No. 3038
 7 City Marshall, Mo. St. Ward)

2. FULL NAME Dessie Elizabeth Mikela
 (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.

File No.
 Registered No.
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 6 21

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) Marshall (STATE OR COUNTRY) Mo.

13. NAME Herbert D. Mikela

14. BIRTHPLACE (CITY OR TOWN) Council Bluffs (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Mabel H. Van Winkle

16. BIRTHPLACE (CITY OR TOWN) Worton, Mo. (STATE OR COUNTRY)

17. INFORMANT Herbert Mikela (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Roman Catholic DATE May 2, 1933

19. UNDERTAKER W. J. ... (ADDRESS) Marshall, Mo.

20. FILED 5-8-, 19 33 A. P. Kellman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1933 to April 30, 1933.
 I last saw h. ev. alive on April 30, 1933 Death is said to have occurred on the date stated above, at 9:30 m.

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

General Peritonitis
12/1 P
12/5 | 12/1
12/1 | 12/1

Date of onset 4-25-33

Other contributory causes of importance: Ruptured appendix

Name of operation Appendectomy Date of 4-26-33

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 X

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify A. C. Putnam, M. D.

(Signed) A. C. Putnam, M. D. (Address) Marshall 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.

MAY 24 1933

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

