

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

18754

1. PLACE OF DEATH

County Monroe
 Township Blotchall
 City Grant City (No. 1)

Registration District No. 903Primary Registration District No. 4545

File No. _____

Registered No. 14

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Mittelstader
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1866
 7. AGE YEARS 67 MONTHS 1 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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) May 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri13. NAME James Early14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Missouri15. MAIDEN NAME Cissie Crum16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan, Missouri17. INFORMANT (ADDRESS) Mrs. Arthur Hill18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE 5/18/3319. UNDERTAKER (ADDRESS) Frank Dangle20. FILED 5-19-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 193322. I HEREBY CERTIFY, That I attended deceased from May 2, 1933, to May 16, 1933.I last saw her alive on May 15, 1933. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Embolism of heart Date of onset _____99A103A

Other contributory causes of importance:

Thrombosis of the knee9

Name of operation _____ Date of _____

What test confirmed diagnosis Typical of tuberculosis

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) R. J. Kossuth, M. D.(Address) Grant City, Mo.

