

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 20 1933

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

Do not use this space.

30093

1. PLACE OF DEATH
 County Lafayette Registration District No. 457
 Township Concordia Primary Registration District No. 4271
 City Concordia (No.) St. Ward

2. FULL NAME Dietrich N. Stumpenhaus
 (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 Male 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 Christine Stumpenhaus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 27 - 1860

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>73</u> | <u>5</u> | <u>26</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Morgan County Missouri

13. NAME Dietrich Stumpenhaus

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

15. MAIDEN NAME Sophia Kuester

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

17. INFORMANT Mrs. E. J. Giesecke
(ADDRESS) Concordia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Lutheran Cemetery DATE Sept - 26 - 1933

19. UNDERTAKER N. S. Duesenberg
(ADDRESS) Concordia Mo

20. FILED Sept 25, 1933 Bernard Shryman
Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 23 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1933 to 9-22, 1933
 I last saw him alive on 9-22, 1933 Death is said to have occurred on the date stated above, at 3:50 a.m.
 The principal cause of death and related causes of importance were as follows:
hypertrophic Cirrhosis
Liver
12.40
1-20 P
 Other contributory causes of importance:
Constipation

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? No
 If so, specify
 (Signed) E. J. Giesecke, M. D.
 (Address) Concordia

