

SEP 18 1935

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

Do not use this space.

25895

1. PLACE OF DEATH

22 County Burlington Registration District No. 181
Township Beth Primary Registration District No. 4107
1 City Bellings (No.) St. Ward

12. FULL NAME Maggie Dossche

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Dossche
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5th 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 10 15
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) Germany

13. NAME Michael Karbusch

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

15. MAIDEN NAME Josephine Karl

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

17. INFORMANT Mr. L. H. Youn (ADDRESS) Bellings Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Hill DATE 8/18/35

19. UNDERTAKER A. Wallace (ADDRESS) Bellings Mo

20. FILED Aug 24 1935 F. D. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20 1935
22. I HEREBY CERTIFY, That I attended deceased from 8/1/35 19 to 8/20/35 19
I last saw her alive on 8/16/35 19 Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset
Arterio Sclerosis

Other contributory causes of importance

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) F. D. Brown, M. D.
(Address) Bellings 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.

