

OCT 2 2 1935

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

Do not use this space.

29193

1. PLACE OF DEATH

County *Franklin*Registration District No. *297*

Township

Primary Registration District No. *3016*City *Washington, Mo.*

File No. _____

Registered No. *102*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *317 Stafford St., Washington, Mo.*

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *68* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 23, 1867*7. AGE YEARS *68* MONTHS *5* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

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) *Washington, Missouri*13. NAME *Frank Stumpe*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Germany*15. MAIDEN NAME *Carolina Dreindorfer*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Germany*17. INFORMANT (ADDRESS) *Miss Minnie Stumpe Washington, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington, Mo.* DATE *Sept 18, 1935*19. UNDERTAKER (ADDRESS) *Hieburg & Witt, Inc. Washington, Mo.*20. FILED *Sept. 17 - 1935* *N.A. May* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 16, 1935*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 12, 1935, to Sept. 16, 1935*I last saw him alive on *Sept. 16, 1935*. Death is saidto have occurred on the date stated above, at *9:15 a.m.*

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

*Diarrhea and enteritis*Date of onset *Sept. 9, 1935*Other contributory causes of importance: *none*

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) *J. H. Maupin*, M. D.(Address) *Washington, 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.

