

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

Do not use this space.

JAN 15 1936

38820

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 120
 Township " Primary Registration District No. 3009
 1/8 City Cape Girardeau (No. 239, No. Pacific Ward)
 Registered No. 349 St. _____ Ward _____

2. FULL NAME Isabella Wade Kochtitzky
 (a) Residence, No. 239, No. Pacific 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.

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>8</u>	<u>27</u>	

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Dec 2, 1935
 I last saw him alive on Nov 24, 1935. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral haemorrhage Date of onset _____
Pericardial Anemia
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? all 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 _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Paul W. Zimmerman, M. D.
 (Address) Cape Girardeau

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christiansburg Va

MOTHER FATHER
 13. NAME David Wade
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christiansburg Va
 15. MAIDEN NAME Eliza White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlottesville Va

17. INFORMANT Mary Kochtitzky
 (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mausoleum DATE Dec 4, 1935

19. UNDERTAKER Walthers Und. Co
 (ADDRESS) Cape Girardeau Mo

20. FILED 15 - 2 1935 J. M. Thompson
 Registrar.

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.

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