

WHITE PLAINLY, WITH UNFADING INK---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.

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

Do not use this space.

JAN 15 1936

39028

1. PLACE OF DEATH
 County Cooper Registration District No. 218
 Township Primary Registration District No. 3015
 City Boonville (No. St. Ward)

2. FULL NAME Mrs Katherine Elizabeth Tuempfel
 (a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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 Henry Tuempfel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13-1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 29
 OCCUPATION 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. At Home
 10. Date deceased last worked at this occupation (month and year) October 1935 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo
 FATHER 13. NAME John Lutz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mrs Otto Rippley Boonville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE West Boonville Church Cem DATE Dec 13th 1935
 19. UNDERTAKER (ADDRESS) Goodman & Baller Boonville Mo
 20. FILED Dec 13 1935 O. Cooper Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th 1935
 22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1935, to Dec 10 1935.
 I last saw her alive on Dec 10 1935. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Influenza of stomach and affecting Right side
general weakness from old age
 Date of onset 12-3-35
 Other contributory causes of importance None
 Name of operation Date of
 What test confirmed diagnosis? Symp 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) E. J. Frazer D.C. Ph.C.
 (Address) Boonville, Mo

