

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

Do not use this space.

39209

JAN 16 1936

**1. PLACE OF DEATH**

County Reynolds  
Township Baer  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 306  
Primary Registration District No. 5427

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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)

Mrs. Catherine Diffe (nee Bantow)

**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 M. R. Diffe  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 - 1880  
7. AGE YEARS 55 MONTHS 2 DAYS 20 If LESS than 1 day, hrs. or min.

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. \_\_\_\_\_  
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) Pittsburg, Kan.

FATHER 13. NAME Martin Bantow

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

MOTHER 15. MAIDEN NAME Christine Fisher

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

17. INFORMANT (ADDRESS) Martin Diffe, 215 S. 1st St., Pittsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE John King's Burial Home DATE 12-25-1935

19. UNDERTAKER (ADDRESS) Nathan Stappmeyer, 57 S. 1st St., Pittsburg, Mo.

20. FILED 12-24-1935 John Engelbrecht Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1935

22. I HEREBY CERTIFY, that I attended deceased from Oct. 3 1935, to Dec. 23, 1935  
I last saw her alive on Dec. 22, 1935 Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Carcinoma of breast Date of onset \_\_\_\_\_

Other contributory causes of importance None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) John Engelbrecht, M. D.  
(Address) Stony Hill, 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.

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