

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

Do not use this space.

MAR 17 1936

4922

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. _____
 Township 11 Primary Registration District No. 3099 Register No. 50
 City CAPE GIRARDEAU (No. St Francis Hospital) Ward _____

2. FULL NAME

Madeline Stabel
 (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

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Phillip Stabel
 (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 1 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House wife
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) Scott Co. Mo.

MOTHER **13. NAME** Christina Heiser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elbas France

15. MAIDEN NAME Elizabeth Engemann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir. Mo.

17. INFORMANT Phillip Stabel
 (ADDRESS) Keokuk Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Augustine cemetery Keokuk Mo. DATE Feb 13 1936

19. UNDERTAKER Arbuz F & N Co
 (ADDRESS) Cape Girardeau Mo.

20. FILED 2-13-36 J. M. Thompson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1936

22. I HEREBY CERTIFY, that I attended deceased from 2/4 to 2/13, 1936.
 I last saw her alive on 2/12/36. Death is said to have occurred on the date stated above, at 12:48 a.m.
 The principal cause of death and related causes of importance were as follows:

Pro lapse UTERI
Operated for
 Other contributory causes of importance: _____
PERITONITIS etc

Name of operation: Hysteroectomy Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) Ad Smith, M. D.
 (Address) Cape Girardeau Mo.

