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.

APR 16 1936

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

Do not use this space.

9611

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125 — File No.

Township — Primary Registration District No. 3009 — Registered No. 94

City Cape Girardeau (No. S. E. Hospital St. Ward)

2. FULL NAME Mrs. Sophia Kasten

(a) Residence, No. Oak Ridge, Mo. St., Ward. Oak Ridge Mo.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. George Kasten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 9 - 1893

7. AGE: YEARS 42 — MONTHS — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

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) Gordonville Missouri

FATHER

13. NAME Mr. John Schlueter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville Missouri

MOTHER

15. MAIDEN NAME Emma Schrumpf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Missouri

17. INFORMANT (ADDRESS) Mr. J. E. Kasten 1014 Good Hope, City

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE 3 - 26 1936

19. UNDERTAKER (ADDRESS) McCombs Jackson Missouri

20. FILED 3 - 24 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1936, to 3-24, 1936

I last saw her alive on Mar 24, 1936. Death is said to have occurred on the date stated above, at 6:45 p.m.

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

	Date of onset
Carcinoma of Breast (Recurrent)	

Other contributory causes of importance:

Pneumonia (Bronchi)

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?

If so, specify

(Signed) [signature], M. D.

(Address) Cape Girardeau Mo