FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Warren
Township:
City: Warrenton (No. 2 St. Ward)

Registration District No. 881
Primary Registration District No. 4554

File No. 4735
Registered No. 3

2. FULL NAME: Johanna Maria Louise Stibbe

(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 (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: G. C. Stibbe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 24, 1862

7. AGE: Years 74 Months 5 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Near Warrenton, Mo.

FATHER
13. NAME: Gerhard Heise,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Elisa Wessel,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ella Stibbe, Warrenton, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Warrenton City Cem. DATE: Jan 23, 1937

19. UNDERTAKER (ADDRESS): F. W. Ehling, Warrenton Mo

20. FILED: Jan 23, 1937 A. W. Ehling, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1936, to January 20, 1937
I last saw her alive on Jan 20, 1937. Death is said to have occurred on the date stated above, at 4:45 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/30/36
Other contributory causes of importance: Myocarditis	1/16/37

Name of operation: none Date of
What test confirmed diagnosis? none 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) Charles L. Gorein, M. D.
(Address) Warrenton 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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