

AUG 19 1937

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

Do not use this space.

26877

1. PLACE OF DEATH

County *Cape Girardeau*Registration District No. *125*Township *"*Primary Registration District No. *3009*City *Cape Girardeau*(Not for use at *So East Hospitals*)File No. *227*Registered No. *227*St. *Mo*

Ward

2. FULL NAME

(a) Residence, No. *Sedgewickville mo St.*

(Usual place of abode)

Sedgewickville Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

- yrs. *2* 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)*widow*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF*Marvin Stotler*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 11 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*53**11**13*8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Sedgewickville Mo*

13. NAME

*Christopher Stotler*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Sedgewickville mo*

15. MAIDEN NAME

*Elizabeth Broppel*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Sedgewickville mo*17. INFORMANT
(ADDRESS)*Alfred Stotler
Cape Girardeau*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Sedgewickville* DATE *July 25* 19*37*19. UNDERTAKER
(ADDRESS)*Deerers Postle
Cape Girardeau mo*

20. FILED

7-24-37 J.M. Thompson

Registrar.

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

July 24, 1937

22. I HEREBY CERTIFY That I attended deceased from

8/28 1937 *7/24* 1937I last saw her alive on *7/24/37* 1937. Death is saidto have occurred on the date stated above, at *89* a.m.

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

*Hypertensive Heart Disease**Hypothyroidism**60.*

Other contributory causes of importance:

*Arteriosclerosis*Name of operation *Splenectomy* Date of *7/25/37*

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) *Alfred Stotler*, M. D.(Address) *Cape Girardeau Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

