SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell — Registration District No. 95 — File No. 30266
13 Township Lincoln — Primary Registration District No. 5141 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Catherine Alspaugh
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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 George W Alspaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 29, 1860

7. AGE: YEARS 77 — MONTHS 5 — DAYS 18 — 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) Easton Penna

FATHER
13. NAME Henry Mohn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Susan Steele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton, Penna

17. INFORMANT (ADDRESS) Mrs. H. J. Coffman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cowgill Mo. DATE 8-22 1937

19. UNDERTAKER (ADDRESS) C A & L A Reed Cowgill Mo.

20. FILED 8/22/ 1937 Mrs M D Forbes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1936, to Aug 19, 1937
I last saw her alive on 8-17, 1937. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Oedema	Aug 17 37
Acute Nephritis	Aug 1 37

Other contributory causes of importance:
Bronchiectasis — do not 6

Name of operation No — Date of
What test confirmed diagnosis? Clinical — 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?
If so, specify
(Signed) C H Wilbur, M. D.
(Address) Polo Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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