

REC'D JUN 16 1938

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

Do not use this space.

17936

1. PLACE OF DEATH

County *Cape Girardeau*Registration District No. *125*Township *" "*Primary Registration District No. *3009*City *Southwest Mo. Hosp.*(No. *Southwest Mo. Hosp.*)File No. *12-2*Registered No. *12-2*St. *" "*Ward *" "*

2. FULL NAME

(a) Residence No. *3009*
(Usual place of abode) *Southwest Mo. St. Hospital*

(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

Male

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

Grace Berringer Putz

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

Sept 13, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*76**8**15*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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)

Missouri

13. NAME

Joseph Putz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Theresia Kitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Austria

17. INFORMANT (ADDRESS)

Henry W Putz

18. BURIAL, CREMATION OR REMOVAL PLACE

St. Ann's M. Co. DATE 5-30-38

19. UNDERTAKER (ADDRESS)

Reisenbiller - Putz

20. FILED

5-28-38, 1938, m. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-28, 1938*22. I HEREBY CERTIFY, That I attended deceased from *May 21st*, 1938, to *May 28th*, 1938I last saw him alive on *May 28th*, 1938. Death is said to have occurred on the date stated above, at *4 a. m.*

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

Arterio Sclerosis Date of onset *?**Bronchial Asthma* *35-40*

Other contributory causes of importance:

acute gangrenous appendicitis *3 days*Name of operation *Appendectomy* Date of *5/21/38*What test confirmed diagnosis? *judings* 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) *E. Schult*

M. D.

(Address) *Cape Girardeau, Mo.*

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.

