

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 214
 Township Moreau Primary Registration District No. 3294
 City Russellville, Mo. St. _____ Ward _____

File No. 18089
 Registered No. 5-

2. FULL NAME Barbara Schepferle

(a) Residence, No. Russellville, Mo. Ward _____
 (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? 91 yrs. mos. ds. (If nonresident, give city or town and State)

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 John Schepferle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 3 1

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) Germany13. NAME Barbara Schepferle14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Margaret Kirschner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT George Schepferle
(ADDRESS) Russellville, Mo.18. BURIAL, CREMATION, OR REMOVAL
Stringtown, Mo. DATE May 16, 193819. UNDERTAKER Hugo H. Schubert
(ADDRESS) Russellville, Mo.20. FILED May 16, 1938 Mrs. Mabel Barbara Registrar
Russellville, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938 to May 13, 1938I last saw him alive on May 13, 1938 Death is saidto have occurred on the date stated above, at 8 P.M.

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

Carcinoma of the stomach

Date of onset

Other contributory causes of importance:

General debility & senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) Dr. E. M. Russell(Address) Russellville, Mo.

