

REC'D AUG 1 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 100
City St Joseph (No. State Hospital #2)

File No. 24724
Registered No. 683
St. _____ Ward _____

2. FULL NAME

Amelia Kirchhoff
(a) Residence, No. Emma Mo St. _____ Ward. Emma Mo
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 11 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Kirchhoff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-16-1889
7. AGE YEARS 48 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
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. Home
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia, Mo.

13. NAME Ernest Stumpenhaus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo.

15. MAIDEN NAME Emma Minkhof

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

17. INFORMANT (ADDRESS) State Hosp Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Mo DATE 7-16 1938

19. UNDERTAKER (ADDRESS) Fleming & Son
St Joe Mo

20. FILED July 4, 1938 H. H. Kuttelbach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to July 3, 1938
I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:
General Carcinomatosis Date of onset Only
of Bones
50 u

Other contributory causes of importance:
Carcinoma of Left Breast 1936

Name of operation amp of Breast 1936 Date of _____
What test confirmed diagnosis? X-Ray 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) George Foreman M. D.
(Address) State Hosp #2
8.8. 1938

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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