FILED OCT 24 1952

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

Do not use this space.

35708

1. PLACE OF DEATH
County MARION — Registration District No. 209 — File No.
Township ROUND GROVE — Primary Registration District No. 5762 — Registered No. 46
City TAYLOR RR#1 (No. , St. Ward)

2. FULL NAME MRS GOLDIE PIEPLOW
(a) Residence, No. RR#1 TAYLOR MO St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF OTTO PIEPLOW
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-11-1888
7. AGE YEARS 64 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
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. OWN HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 46 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LIBERTY CENTER OHIO

FATHER
13. NAME JOHN GARNER.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOWLING GREEN OHIO

MOTHER
15. MAIDEN NAME SUSAN EVANGELINE RUSSELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOWLING GREEN OHIO

17. INFORMANT (ADDRESS) Doris Rosendale RR#1, Taylor
18. BURIAL, CREMATION, OR REMOVAL PLACE BLISSFIELD MICHIGAN DATE OCT 11 1952
19. UNDERTAKER (ADDRESS) Albert Duker Quincy Ill
20. FILED 10/7 1952 Viola Gar 2703 Registrar. Deputy

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT-5, 1952

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1950, to Oct. 5, 1952
I last saw her alive on Oct. 5, 1952 Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Colon | 1950 |

Other contributory causes of importance:

1537

Name of operation Colostomy Date of 2/6/51
What test confirmed diagnosis? Surgery 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) Hugh S. Espey, M. D.
(Address) Quincy, Illinois

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.

Dr Copy

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HEALTH
DATE FILED OCT 2

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