

REC'D JUL 25 1938

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

Do not use this space.

23067

## 1. PLACE OF DEATH

County *Scott*Township *1030*City *Chaffee*(No. *1*)Registration District No. *816*Primary Registration District No. *6065*File No. *1*Registered No. *14*

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. *RFD # 2*

(Usual place of abode)

St. \_\_\_\_\_

Ward. *452*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *14* 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) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Otto Bullinger*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 4 - 1894*

7. AGE

YEARS *43*MONTHS *9*DAYS *12*

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) *April 30*11. Total time (years) spent in this occupation *15 yr.*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo*

MOTHER

13. NAME *Louis Henry Stempel*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*15. MAIDEN NAME *Elizabeth Henschel*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Mo*17. INFORMANT *Otto Bullinger*(ADDRESS) *Chaffee Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Funeral Home*19. UNDERTAKER *Stuber Funeral Home*(ADDRESS) *Chaffee Mo*20. FILED *6918**1938**W. O. Finney*

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 17, 1938*22. I HEREBY CERTIFY That I attended deceased from *January 28, to June 17, 1938*Last saw him alive on *June 16, 1938*. Death is saidto have occurred on the date stated above, at *3 a.m.*

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

*Respiratory Failure**Cancer L. Breast**Cancer L. Breast*Other contributory causes of importance: *50*Name of operation *Removal Breast* Date of *9-27*What test confirmed diagnosis? *Pathology* 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) *W. O. Finney*(Address) *Chaffee Mo*

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.

