

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

1 PLACE OF DEATH

County *Montgomery*
Township *Beck Creek*
or
Village
or
City

Registration District No. *589* File No. *21179*
Primary Registration District No. *5787-2* Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Josefa Schwarzer*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED *married* WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH *Sept 1 1848*
(Month) (Day) (Year)

7 AGE *72 yrs. 11 mos. 2 ds.* If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) *House Keeper*

9 BIRTHPLACE (City or town, State or foreign country) *Austria*

PARENTS 10 NAME OF FATHER *Anton Doleshel* 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Austria* 12 MAIDEN NAME OF MOTHER *unmarried* 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Austria*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Joe Schwarzer* (Address) *New Dighton Mo*

15 Filed *Aug 10 1921* *E. A. Cole* Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *August 1st 1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Suicide by Drowning

6 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) *George B. Smith* M. D. *Walter M. Cooper* 191____ (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospital, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted if not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL *Our Last Cemetery* DATE OF BURIAL *Aug 2nd 1921*

20 UNDERTAKER *A. J. Pinner* ADDRESS *Dighton Mo*

