

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

Do not use this space.

1927

1. PLACE OF DEATH  
 County Warren Registration District No. 851 File No. \_\_\_\_\_  
 Township Ukiah Primary Registration District No. 6171 Registered No. 26  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Elizabeth M. Mohrhauser  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Henry Mohrhauser

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 | 11 | 3 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Warrenton  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER John Schneider  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mrs. Huber  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
 (STATE OR COUNTRY) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-5, 1927, to 4/22, 1927, that I last saw her alive on 4/21/27, and that death occurred, on the date stated above, at 7/21 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Bronchitis (purulent)  
100% Chronic myocarditis  
 (duration) 20 yrs. mos. da.  
 (SECONDARY) (duration) 7 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) J. P. Wellerian, M. D.  
April 23, 1927 (Address) Warrenton, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSED, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Henry Mohrhauser  
 (Address) Warrenton, Mo.

15. FILED April 27, 1927 A. W. Cheek REGISTAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrenton City, Mo. DATE OF BURIAL 4/24 1927

20. UNDERTAKER F. O. Hilkey ADDRESS Warrenton 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.

1927

