#17

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

Do not use this space.

37989

JAN 20 1928

1. PLACE OF DEATH
County Ste Genevieve — Registration District No. 781 — File No.
Township Beauvais — Primary Registration District No. 6027 — Registered No.
City (No. St. Ward)

2. FULL NAME Elizabeth M. Bieser
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 1902

7. AGE: Years 25 — Months 7 — Days 4 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Waitress-Hotel
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Frank A. Bieser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary A. Gross
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste. Genevieve
(STATE OR COUNTRY) Missouri

14. INFORMANT Frank A. Bieser
(Address) Ste. ~~Genevieve~~ Mary Mo

15. FILED 12/3 1927 Robert J. Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1927, to Dec 3 1927 that I last saw her alive on Dec 1 1927, and that death occurred, on the date stated above, at 6 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary edema, Anaemia, Myocarditis, acute cardiac
13 Delaboration
93B
95B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis, ~~anaemia~~
~~pulmonary edema~~ (duration) 5 yrs. mos. ds.

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? Sign Symptoms
(Signed) C. H. Hopkins, M. D
12/3 1927 (Address) Ste Genevieve Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ozora Mo — DATE OF BURIAL: Dec 5 1927

20. UNDERTAKER: John Baslen Ste. Genevieve Mo — ADDRESS

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.