JAN 22 1929

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

Do not use this space.

39943

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: ..... (No. ..... St. ..... Ward)
Registration District No. 201
Primary Registration District No. 5280
File No. .....
Registered No. 133

2. FULL NAME Mrs Elizabeth Shofer
(a) Residence. No. IOOF Home St. Liberty Mo 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. H. Shofer

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

7. AGE: Years 86 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marietta Ohio

PARENTS
10. NAME OF FATHER: Jacob Bidgas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Maine
12. MAIDEN NAME OF MOTHER: Eliza Vincent
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): R. I.

14. INFORMANT: Paul A. Rogers
(Address) Liberty Mo

15. FILED 1/10/29 19..... Wm H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1927, to Dec 28, 1928, that I last saw him alive on Dec 27, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
162
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 164
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. H. Matthews, M. D
12/28, 1928 (Address) Liberty 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: IOOF Home Liberty Mo
DATE OF BURIAL: 12/31 1929

20. UNDERTAKER: Church-Archer Co.
ADDRESS: Liberty Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.