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

Do not use this space.

2407

1. PLACE OF DEATH
County Macon — Registration District No. 533
Township — Primary Registration District No. 3027
City Macon (No. ____ St. ____ Ward) — File No. ____ Registered No. 7

2. FULL NAME Elizabetta Achepohl.

(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 31 1843

7. AGE: Years 85 | Months 4 | Days 22 | If LESS than 1 day, ____ hrs. or ____ min.

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

9. BIRTHPLACE (CITY OR TOWN) ____ (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Conrad Wolfmeister
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____ (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____ (STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs Lena Dreschler (Address) Macon Mo

15. FILED 1/31 1929 Mrs Luke Junkin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1929 to Jan 22 1929, that I last saw h. alive on Jan 21 1929, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A 1916 Influenza ____ (duration) ____ yrs. ____ mos. 19 ds.
CONTRIBUTORY (SECONDARY) Broncho-Pneumonia ____ (duration) ____ yrs. ____ mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH ____
DID AN OPERATION PRECEDE DEATH? No DATE OF ____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ____

(Signed) P. G. Boeckeler M.D.
1-22 1929 (Address) Macon 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: Quincy Ill — DATE OF BURIAL: 1/24 1929

20. UNDERTAKER Albert Skinner — ADDRESS Macon, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state