

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.

APR 30 1929

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

Do not use this space.

11895

1. PLACE OF DEATH

County Osborne
 Township Sedalia
 City Sedalia (No.)

Registration District No. 668
 Primary Registration District No. 3032

File No.
 Registered No. 85
 St. Ward)

2. FULL NAME

Eliza Mae Kainer

(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. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

42 10 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER James Sidler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Groom

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Albert Kainer
 (Address) La Monte Mo

15. FILED 3-7-29 J. S. Love
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1929

17. I HEREBY CERTIFY, That I attended deceased (from Feb 25 1929, to Mar 5 1929 that I last saw h. alive on Mar 5 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza - contributory
pneumonia 3 mo. - fatal
pneumonia lower right lung -
obscure common duct.
CONTRIBUTORY with jaundice
 (SECONDARY) (duration) 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 AUTOPT. no

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) W. E. Truesdell, M. D.

, 19 (Address) La Monte 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 **DATE OF BURIAL**

Clayton Spangolke Mar 7 1929
20. UNDERTAKER **ADDRESS**

W. F. Osborn La Monte Mo.

