

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

Do not use this space.

12076

1. PLACE OF DEATH

County St. Francois Registration District No. 775
 Township Paris Primary Registration District No. 6020
 City Bonnetville (No.) St. Ward (....)

File No.
 Registered No. 215

2. FULL NAME

Emily Ada Birsch

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 11 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>7</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Theodore Birsch

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

12. MAIDEN NAME OF MOTHER May J. Weimer

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

14. INFORMANT Bessie Birsch
 (Address) Bonnetville Mo.

15. FILED 3/15/29 1929 T. G. Son
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 1929, to March 14, 1929, that I last saw her alive on March 14, 1929, and that death occurred, on the date stated above, at 7 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis of Respiratory Center
10/13/1893 (duration) 1 yrs. 2 mos. 7 da.

CONTRIBUTORY (SECONDARY) Age (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... at Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examinations
See history, M. D.

(Signed) B-15, 1929 (Address) Bonnetville 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 Catholic cemetery DATE OF BURIAL March 15 1929

20. UNDERTAKER P. A. Burkhard ADDRESS Bonnetville

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.

MAY 2 1929

222
1
2
1

