Dr H W

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

Do not use this space.

17645

1. PLACE OF DEATH
County Cole
Township Clark
City Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. .....
Registered No. 116

2. FULL NAME Mrs. Elizabeth Erhardt
(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) Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edwin Edhardt
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/4/1854
7. AGE Years 74 Months 5 Days 8 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) Honey Creek Mo
PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
14. INFORMANT G. A. Erhardt
(Address) Jefferson City Mo
15. FILED 5-15-29 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1929
17. I HEREBY CERTIFY, That I attended deceased from May 12, 1929, to May 12, 1929 that I last saw ... alive on ... 19..., and that death occurred, on the date stated above, at 9 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Artery disease
94B
(duration) ..... yrs. ..... mos. ..... ds. Carel Lcaaw
CONTRIBUTORY (SECONDARY) None
(duration) ..... 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? clinical
(Signed) Jas. L. Hill M. D.
5/14, 1929 (Address) Jefferson City 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 Honey Creek Cem
DATE OF BURIAL 5/13 1929
20. UNDERTAKER Wymore & Gordon
ADDRESS JC Mo

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.

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