FEB 18 1930

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

Do not use this space.

720

1. PLACE OF DEATH
County: Franklin — Registration District No. 296 — File No.
Township: — Primary Registration District No. 4180 — Registered No.
City: Union (No. ..... St. ..... Ward)

2. FULL NAME: Elsie C. Pantler.
(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 19 - 1896

7. AGE: Years 33 — Months 4 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Anton Kramolowsky
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: Clara Wietz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): St Louis, Mo.

14. INFORMANT: Felix Pantler
(Address): Union, Mo.

15. FILED 1/11, 1930 E. A. Stierberger, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1929, to Jan 10, 1930 that I last saw her alive on Jan 10, 1930, and that death occurred, on the date stated above, at 3 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
11B
1078
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Her Home.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical.
(Signed) E. A. Stierberger, M. D
1/11, 1930 (Address) Union 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, Union Mo. — DATE OF BURIAL: Jan 13 1930

20. UNDERTAKER: Wm H. Horn — ADDRESS: Union 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.

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