

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.

441 22 1931

*Beau  
Beauvais*

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

Do not use this space.

40538

PLACE OF DEATH

County *St. Genevieve*  
Township *Beauvais*  
City (No. ....) .....

Registration District No. *781*  
Primary Registration District No. *6027*

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

*Elizabeth Buckhalty*

(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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Charles Buckhalty</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>March 3 1878</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<i>51</i>	<i>8</i>	<i>29</i>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>Housewife</i> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) *Ozora*  
(STATE OR COUNTRY) *Missouri*

PARENTS	10. NAME OF FATHER <i>Frank Braun</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	12. MAIDEN NAME OF MOTHER <i>Catherine Doll</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>

14. INFORMANT *Wegman Buckhalty*  
(Address) *St. Mary's*

15. FILED *12/6* 19*30* *John P. Thomme*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

*2*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 2 1930*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... *2 P.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Hemorrhage of liver, Rib piercing  
Liver Automobile Accident  
(Medical of liver)*

*210M* (duration) ..... yrs..... mos..... ds.  
*175H*

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs..... mos..... ds.

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

*8* DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) *Geo. C. Baskin County, Mo.*  
*12/2 1930* (Address) *St. Genevieve 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 <i>Ozora Missouri</i>	DATE OF BURIAL <i>12/7 1930</i>
20. UNDERTAKER <i>John Baskin St. Genevieve Mo</i>	ADDRESS



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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County St. Genevieve Registration District No. 781 File No. ....  
 Township Beauvais Primary Registration District No. 6027 Registered No. ....  
 City (No. ....) St. .... Ward)

**2. FULL NAME** Elizabeth Buckholtz

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

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

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work .....
- (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 1/21 1931

Volney Thomas  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic liver disease  
and  
fracturing liver  
from automobile accident

CONTRIBUTORY (SECONDARY) 1880 21

Accident occurred on St. Mary and Ogona Road, about 4 miles West of St. Mary, Mo. - Was riding in car with son - car ran off embankment and turned over.

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED.

SUPPLEMENTARY

s-40538