

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

Do not use this space.

**1. PLACE OF DEATH**

County Don  
Township Arcadia  
City Don (No. \_\_\_\_\_)

Registration District No. 391  
Primary Registration District No. 4230

File No. 9695  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Elisa Schwab

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15<sup>th</sup> 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70      8      17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(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) Switzerland

**PARENTS**

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Miss Clara Schwab

(Address) Don

15. FILED 3/12 1931 R.A. Ranche

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1929, to March 7, 1931, that I last saw him alive on March 7, 1931, and that death occurred, on the date stated above, at 105 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic lobes  
108 15!  
93D (duration) yrs. mos. ds.

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Don

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Cholesterol  
(Signed) George W. ..., M. D.

3/12 1931 (Address) Don

\*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 Pilot Knob DATE OF BURIAL March 3 1931

20. UNDERTAKER Howard R. White ADDRESS Don

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 23 1931

