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

Do not use this space.

12816

1. PLACE OF DEATH
County Salina — Registration District No. 800 — File No. 8
Township — Primary Registration District No. 4480 — Registered No. 8
City Sweet Springs (No. ..... St. ..... Ward)

2. FULL NAME Mrs Mary Dorothea Elsner
(a) Residence. No. 104 Bridge St., ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Chris F Elsner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 4 1861

7. AGE: Years 70 — Months 2 — Days 24. — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home - 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): Lexington Ind

PARENTS
10. NAME OF FATHER: William Ehlers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Dorothea Bodenstab
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs. Paul A. Wylie
(Address) Sweet Springs Missouri

15. FILED Mar. 29 1931 J. A. Owen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 28 1931

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1931, to March 28, 1931, that I last saw her alive on March 28, 1931, and that death occurred, on the date stated above, at 6:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
Following Influenza
A3C
11P
(duration) — yrs. — mos. 6 ds.
CONTRIBUTORY (SECONDARY) Complication of Disease - Fibre Reading & Heart (Myocarditis) (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) Clyde W. Parsons, M.D.
3/28, 1931 (Address) Sweet Springs, 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: Fairview Cemetery Sweet Springs Mo
DATE OF BURIAL: March 30 1931

20. UNDERTAKER: Jesse Harvey
ADDRESS: Sweet Springs Mo

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

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.