

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

Do not use this space

9477

**1. PLACE OF DEATH**

76 County Osage  
 Township Linton  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 644  
 Primary Registration District No. 5853

File No. \_\_\_\_\_  
 Registered No. 2  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth Schaefer

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25<sup>th</sup> 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 5 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) 235  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Osage Co. Mo.  
 (STATE OR COUNTRY) 1

PARENTS

10. NAME OF FATHER Stephen Sandbode

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) 10

12. MAIDEN NAME OF MOTHER Angela Peters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osage Co. Mo.  
 (STATE OR COUNTRY) 1

14. INFORMANT (Address) Wright Schaefer  
Loose Creek Mo.

15. FILED 3-31, 1932 Emily L. Natto  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29<sup>th</sup> 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Feb 11<sup>th</sup> 1932 to March 29<sup>th</sup> 1932  
 that I last saw him alive on March 28<sup>th</sup> 1932 and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute myocardial infarction  
72A  
98B

CONTRIBUTORY (SECONDARY) Gangrene of toes  
 (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 (1)

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. C. Cooper, M. D.  
 (Address) Loose Creek 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 Loose Creek Mo DATE OF BURIAL Mar 31<sup>st</sup> 1932

20. UNDERTAKER Philey Lock ADDRESS Ronnats Mill Mo

WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1932

