

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

Do not use this space.

15584

**1. PLACE OF DEATH**

22 County Christian  
Township Franklin  
City Franklin (No. \_\_\_\_\_)

Registration District No. 184  
Primary Registration District No. 5255

File No. \_\_\_\_\_  
Registered No. 81  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth A. Biers

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas Biers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4-1873</u>		
7. AGE YEARS <u>59</u>	MONTHS <u>4</u>	DAYS <u>235</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Whitley Co Ind. 2</u>		
13. NAME <u>Ira Saylor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Elizabeth Clark</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT <u>Floresia Chapman</u> (ADDRESS) <u>Frank Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frank</u> DATE <u>May 5 1932</u>		
19. UNDERTAKER <u>B. C. Klepper</u> (ADDRESS) <u>Frank Mo.</u>		
20. FILED <u>June 2 1932</u> <u>Ruth Harrison</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1932, to May 4, 1932  
I last saw her alive on May 3rd, 1932 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset April 10-

Other contributory causes of importance:

Influenza and Empyema

Name of operation Resect Rib Date of April 30

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Wade, M. D.

(Address) Frank 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.

JUN 21 1932

