

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.

NOV 29 1932

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

Do not use this space.

34425

1. PLACE OF DEATH
County Scott Registration District No. 816
Township..... Primary Registration District No. 4492
City Chaffee (No. St. Ward)
2. FULL NAME Elsie Elizabeth Schoen Schoen
(a) Residence, No. 127 Helen St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1910
7. AGE YEARS 22 MONTHS — DAYS 26 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) July 1932 11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell City, Missouri

13. NAME T. Methmey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tennessee
15. MAIDEN NAME Ertie Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell City Missouri

17. INFORMANT (ADDRESS) Raymond B. Schoen Chaffee Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE U. P. Cem. DATE 10-9-32

19. UNDERTAKER (ADDRESS) H. F. Stults Chaffee Mo.

20. FILED 10-7 1932 G. S. Sample Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1932 to Oct. 7 1932
I last saw her alive on Oct. 7 1932. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

23A
Pulmonary Tuberculosis
1428
1428/40
3
Other contributory causes of importance:
Pregnancy and child-birth

Name of operation..... Date of.....
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? Yes
If so, specify.....
(Signed) Mabel M. DeLeyere M. D.
(Address) Chaffee - Mo.

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