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.

JAN 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 38470

Township — Primary Registration District No. 1001 — Registered No. 1183

City St. Joseph (No. 2110 North 3rd street St. Ward)

2. FULL NAME Elizabeth Rohrer

(a) Residence, No. Wathena Kansas St., Ward. Wathena Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 08 yrs. 0 mos. 21 ds. How long in U. S., if of foreign birth? 78 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 Joseph Rohrer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1854

7. AGE: YEARS 78 — MONTHS 10 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 10

FATHER
13. NAME Wendelin Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 31

17. INFORMANT (ADDRESS) Mrs A.E. Klein 2110 North 3 st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Wathena Kansas DATE Dec. 9 1932

19. UNDERTAKER (ADDRESS) H O Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 12-8-1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1932, to Dec 6, 1932

I last saw her alive on Dec 1, 1932. Death is said to have occurred on the date stated above, at 11 A m.

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

Date of onset

Bronchial Pneumonia

107A 107A

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]