

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

Do not use this space
39002

1. PLACE OF DEATH
 27 County Cooper Registration District No. 218
 2 Township Primary Registration District No. 3015
 4 City Boonville (No. St. Ward)

2. FULL NAME Mrs. Eliza Shaeffer,
 (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 Unknown.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resident County Home.

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) Texas.

FATHER 13. NAME Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER 15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Mrs. Ross Jeffress,
 (ADDRESS) Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Cemetery.
 PLACE Boonville City DATE Dec. 24th, 1932

19. UNDERTAKER Goodman & Boller,
 (ADDRESS) Boonville Mo.

20. FILED 12/24, 1932 G. A. Thum
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 22, 1932
 I last saw her alive on Dec 22, 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:
Fraying of left leg
82 D
90 B
 Other contributory causes of importance:
Hemiplegia
 Name of operation None Date of
 What test confirmed diagnosis? Chadwick 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 (1)
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Lee J. Truck, M. D.
 (Signed) Boonville Mo.
 (Address) Boonville Mo.

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

JAN 22 1933

