

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

Do not use this space.

1. PLACE OF DEATH

County Grundy Co
Township _____
City Trenton (No. _____) St. _____ Ward _____

Registration District No. 330
Primary Registration District No. 3017

File No. 19501
Registered No. _____

2. FULL NAME

Elizabeth Schooler

(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF U. S. Schooler

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to June 15, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7th 1872

I last saw him alive on June 13, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 9 8

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

Hæmorrhage from
cause. Date of onset 6/8/33

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: Carcinoma of ovary. 6-1-32

12. BIRTHPLACE (CITY OR TOWN) Merces County (STATE OR COUNTRY) Missouri

Name of operation 2nd Laparotomy Date of Mar 31/33

13. NAME Charles Mc Laughlin

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

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

15. MAIDEN NAME Lavinia Jane Boldison

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

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

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

17. INFORMANT U. S. Schooler (ADDRESS) Trenton, Missouri

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyatt Cem - DATE 17 June, 1933

19. UNDERTAKER Bern C Davis (ADDRESS) Trenton, Missouri 3216

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 17 June, 1933 E. A. Ruffey Registrar.

If so, specify (Signed) C. E. Moore, M. D. (Address) Trenton, Mo.

