

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

Do not use this space.

32837

**1. PLACE OF DEATH**

41 County Harrison Registration District No. 241  
Township Marion Primary Registration District No. 5478  
City (No. ) St. Ward)

File No. \_\_\_\_\_  
Registered No. 16

**2. FULL NAME** Eliza J. German

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. German

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 5 27

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) Jan. 1918 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa

13. NAME Israel Spencer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Tom German Blythedale, Mo

18. BURIAL PLACE (ADDRESS) Blythedale DATE Oct. 30 1935

19. UNDERTAKER (ADDRESS) Ragaw Brown Ridgeway, Mo

20. FILED Nov-1 1935 Kelitt Brewer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/19 1935, to 10/19 1935

I last saw her alive on 10/19 1935 Death is said

to have occurred on the date stated above, at 2:00 pm

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

Chronic Interstitial Nephritis Date of onset 1925

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Urine Was there an autopsy? None

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) W. A. Boyles, M. D.  
Eagleville, Mo  
(Address)

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.

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