

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois
Township St. Francois
Near Farmington, Mo.
City (No. _____) _____

Registration District No. 773
Primary Registration District No. 6018A

File No. 34234
Registered No. 112
St. _____ Ward _____

2. FULL NAME

Elizabeth Schumacher

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. W. Schumacher

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

7. AGE YEARS 36 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE 10-8-33 19. _____

19. UNDERTAKER Hospital No 4 Farmington
(ADDRESS) _____

20. FILED Oct 8 1933 B. J. Robinson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-33

22. I HEREBY CERTIFY, That I attended deceased from 9-6-33 to 10-6-33

I last saw him alive on 10-6-33, 1933 Death is said

to have occurred on the date stated above, at 10:10 pm

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

Traumatic Epilepsy Date of onset 1932
complicated by
lobar pneumonia 10-1
108

Other contributory causes of importance: none

1946 none 108

Name of operation none Date of none

What test confirmed diagnosis? clinical 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) J. H. St. Joseph, M. D.
(Address) Farmington, Mo.

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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