CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

40672

JAN 26 1933

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1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township Rich Hill — Primary Registration District No. 5685 — Registered No. 144
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Margaret Brotzer
(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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Otto Brotzer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 3 - 1863
7. AGE: YEARS 70 — MONTHS 3 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Iowa

FATHER
13. NAME: Willis Land
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Barbara Kephart
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Frank Brotzer, Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wheeling — DATE: Dec. 12, 1933
19. UNDERTAKER (ADDRESS): James D. Gordon, Chillicothe, Mo.
20. FILED: Dec 11 1933 — Donald W. Donald, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 11 - 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 - 1933, to Dec. 11 - 1933
I last saw her alive on Dec. 11 - 1933. Death is said to have occurred on the date stated above, at 7:25 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arsenic Poisoning Taken Dec. 10 - 1933 with Suicidal intent	

Other contributory causes of importance: 163A

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Name of operation ..... Date of .....
What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec 10, 1933
Where did injury occur? at her home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. She took arsenic in her home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. M. Grace, M. D.
(Address) Chillicothe - Mo.