

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Poplar Bluff

(No. Brandon Hospital)

File No. 19644

Registered No. 130

St. 13 Ward

2. FULL NAME Elise Herzog

(a) Residence, No. 625 N. 9th St. St. _____ Ward. _____

(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 Andrew Herzog

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 6 3

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

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) Madison County Illinois

FATHER 13. NAME (UNKNOWN) Blume

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Walter Herzog
(ADDRESS) 625 N. 9th St. Poplar Bluff,

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion cemetery DATE July 1, 1934
St. Louis Mo.

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 6-29-1934 W. S. T. Sailer
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 29 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June - 11 - 1934, to June - 29 - 1934

I last saw him alive on June 29 - 1934 Death is said

to have occurred on the date stated above, at 6:10 P.M.

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

Myocarditis Date of onset 5/20/34

930 162 9341

Other contributory causes of importance:

Senile Dementia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. S. T. Sailer, M. D.

(Address) Poplar Bluff, Mo.

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.

