

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.

OCT 8 1934

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

Do not use this space.

30055

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Massena Primary Registration District No. 3079
City Hannibal (No. 412, N. E. 1st) St. 1 Ward

File No. _____
Registered No. 247
St. 1 Ward

2. FULL NAME

Elizabeth Sultzman

(a) Residence, No. 412 N. E. 1st St., 1 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Sultzman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1859

7. AGE YEARS 75 MONTHS 5 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Germany

13. NAME Friedrich Rupp

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

15. MAIDEN NAME Elizabeth Rupp

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

17. INFORMANT (ADDRESS) Henry Sultzman
Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cemetery DATE 8-3 1934

19. UNDERTAKER (ADDRESS) James Donnell
Hannibal, Mo.

20. FILED Aug 17 1934 R. H. Sabiston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec - 26 to Aug 1st, 1934
I last saw h. er alive on Aug 1st, 1934. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

73C
Cerebral Hemorrhage
27 Cerebral attack 7/2/34
7 " " 6/20/33
Date of onset 7/28/34

Other contributory causes of importance:
Chr. Myo carditis for 10 or 13 yrs -
Hypertension for 15 yrs -
Atherosclerosis for 15 yrs -

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? NO

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 J. E. Sultzman
(Signed) _____, M. D.

(Address) Hannibal

