

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

Do not use this space.

FEB 20 1935

**1. PLACE OF DEATH**

County COLE  
Township Liberty  
City TAOS

Registration District No. 215  
Primary Registration District No. 5293  
City (No. R.R.#1) OSAGE CITY, MO.

File No. 653  
Registered No. 35  
Ward

**2. FULL NAME** MISS ELIZABETH PRENGER

(a) Residence, No. TAOS, MO. 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 15, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 0 10

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

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) TAOS, MO.

13. NAME ANTON PRENGER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TAOS, MO.

15. MAIDEN NAME ANNA WEKENBORG

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

17. INFORMANT EMIL PRENGER  
(ADDRESS) R.R.#1 OSAGE CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE TAOS, MO. DATE JAN. 28, 1935

19. UNDERTAKER HEINRICHS FUNERAL HOME  
(ADDRESS) JEFFERSON CITY, MO.

20. FILED 1/26/1935 Outsided MB  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1935, to Jan. 25, 1935  
I last saw her alive on Jan. 23, 1935 Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Flue followed with  
lobar pneumonia. Date of onset

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

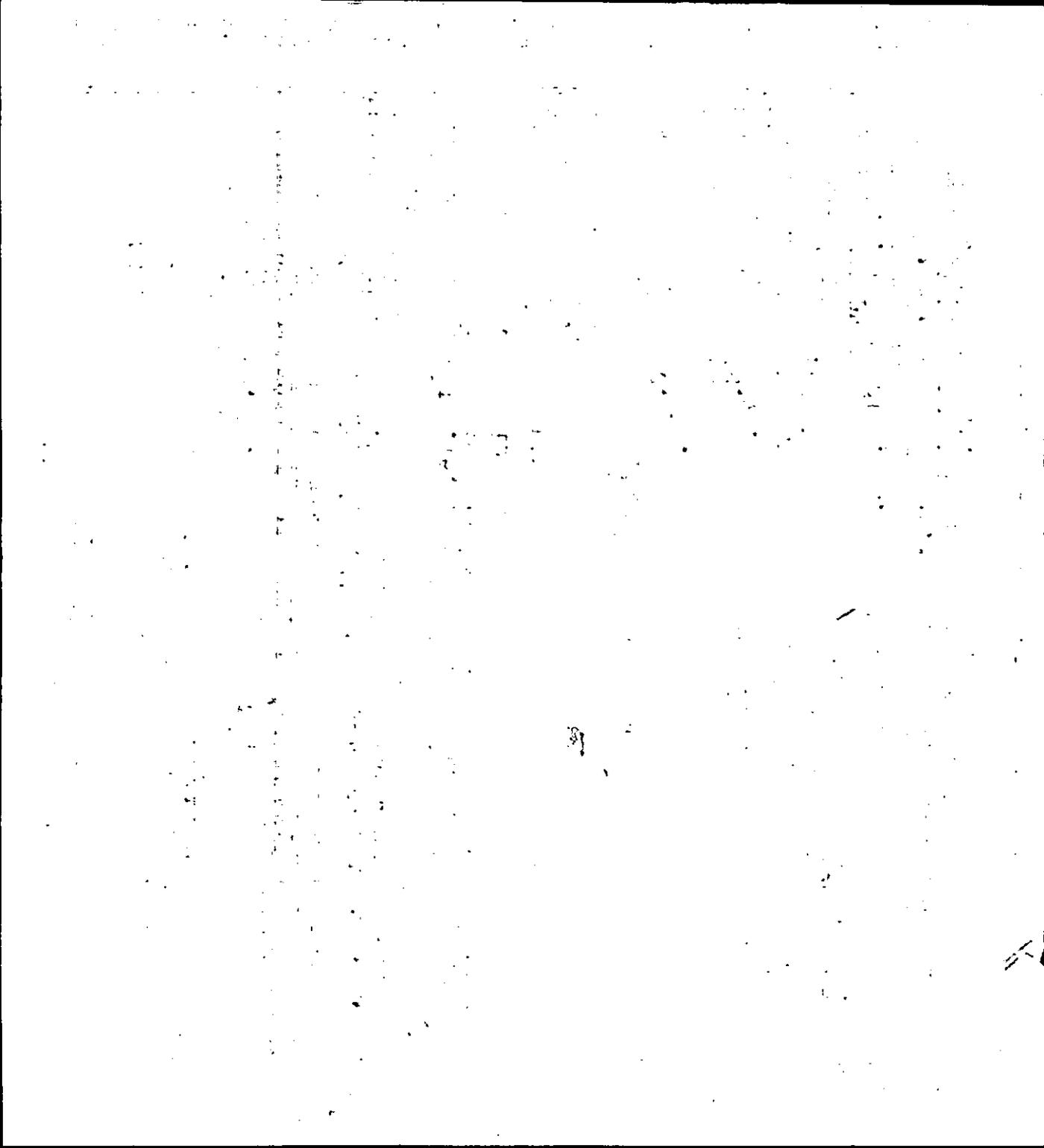
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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? no  
If so, specify \_\_\_\_\_  
(Signed) Asst. City Clerk  
(Address) Jefferson City, 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Pale  
Township Liberty  
City (No. ....) .....

Registration District No. 215  
Primary Registration District No. 5295

File No. 653  
Registered No. 2 St. .... Ward)

**2. FULL NAME**

Elizabeth Pringer

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 0 9 10

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

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) Boonville Mo

13. NAME Anton Pringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

15. MAIDEN NAME Lenna Ucker Bay

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

17. INFORMANT (ADDRESS) Emil Pringer

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Boonville Mo Jan 28, 1935

19. UNDERTAKER (ADDRESS) Haystacks Funeral Home

20. FILED May 20, 1935 Jacob M. Mitchell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 19, 1935 to Jan 25, 1935

I last saw him alive on Jan 23, 1935 Death is said to have occurred on the date stated above, at 12:59 m.

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

Flu - followed by lobar pneumonia (Date of onset)

Other contributory causes of importance:

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) J. E. Gore, M. D.

(Address) Jefferson City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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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