

AUG 16 1935

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

Do not use this space.

19561

1. PLACE OF DEATH

44 County Holt
Township Union
City Longview (No.) St. Ward)

Registration District No. 369
Primary Registration District No. 1210

File No.
Registered No. 6

2. FULL NAME

Doris Ernsting
(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 10 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 Fritz Ernsting

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 21

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannover Germany

13. NAME Wilhelm Ohlenbuehn

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

15. MAIDEN NAME Margaret Plate

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

17. INFORMANT (ADDRESS) Fritz Ernsting
Craig Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE P.O. Cem. DATE June 17 1935

19. UNDERTAKER (ADDRESS) Wm. Crawford
Mount City Mo.

20. FILED July 17, 1935 J. J. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15th 1935

I last saw her alive on June 13th 1935 Death is said

to have occurred on the date stated above at 5:50 a.m.

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

Carcinoma of Date of onset 1934
Thyroid

Other contributory causes of importance: None

Name of operation Date of 5/6

What test confirmed diagnosis? 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

(Signed) J. J. Davis M. D.

(Address) Craig 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.

