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

AUG 20 1936

Do not use this space.

26187

1. PLACE OF DEATH
County GASCONADE — Registration District No. 308
Township — Primary Registration District No. 4182
City HERMANN (No. ..., ... St. ... Ward)

File No.
Registered No.

2. FULL NAME ELIZABETH PUCHTA

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11th 1852

7. AGE: Years 83 — Months 7 — Days 18 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HWF
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) HERMANN MO

FATHER
13. NAME CHRISTIAN EBERLIN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME UNKOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Mrs. Chas. Schlesinger Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE HERMANN City Cem DATE 7/20 1936

19. UNDERTAKER (ADDRESS) HUGO H. BLUMER HERMANN Mo

20. FILED 7-20 1936 Anna K. Kickhoff Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1936, to July 17, 1936
I last saw her alive on July 17, 1936. Death is said to have occurred on the date stated above, at 8:52 A.m.
The principal cause of death and related causes of importance were as follows:

Myocardosis — Date of onset 1931

Other contributory causes of importance: Cerebral arteriosclerosis

Name of operation — Date of
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) Paul J. Schrader, M. D.
(Address) 312 Market St.