

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.

NOV 23 1936

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

Do not use this space.

37178

1. PLACE OF DEATH

County Cooper Registration District No. 219
Township Kelley Primary Registration District No. 5207
City _____ (No. _____) St. _____ Ward _____

File No. 219
Registered No. 1920

2. FULL NAME

Eta Rosa Dilse
(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. C. Dilse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1885
7. AGE YEARS 51 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Kansas

MOTHER 13. NAME John Walker Boswell

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

15. MAIDEN NAME Maggie Fritz

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

17. INFORMANT M. C. Dilse
(ADDRESS) Barnesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pastorah mo DATE Oct-22 1936

19. UNDERTAKER C. Albert Hornbeck
(ADDRESS) Prairie Home mo

20. FILED Oct 21 1936 Hattie Pugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20th 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1936 to Oct 20th 1936
I last saw her alive on Oct 20th 1936 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:
Vascular Heart trouble Date of onset _____

Other contributory causes of importance: Acute Indigestion

Name of operation none 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 injured 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) W. H. Elliott M. D.
(Address) Barnesville Mo

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