

DEC 30 1936

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski
Township Tavern
City (No. , Ward)

Registration District No. 716
Primary Registration District No. 5945

File No. 42221
Registered No. 19

2. FULL NAME Elsie Becker Mitschele

(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 <u>Female</u> Male	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Mitschele</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1886.</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>40</u>	<u>2</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>			
	10. Date deceased last worked at this occupation (within a year) _____ 11. Total time (years) spent in this occupation <u>about</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Crocker, Mo. Pulaski County.</u>				
FATHER	13. NAME <u>Alois Becker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Justina Ritz</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Rosa Becker</u> (ADDRESS) <u>Richland Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elm Grove</u> DATE <u>Nov. 14, 1936</u>				
19. UNDERTAKER <u>J. L. HOOPS & SONS.</u> (ADDRESS) <u>Crocker, Mo.</u>				
20. FILED <u>Nov 14, 1936</u> <u>W. J. Bell</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 193622. I HEREBY CERTIFY, That I attended deceased from Nov-12-, 1936, to Nov-13, 1936I last saw h. or alive on 11-13, 1936 Death is saidto have occurred on the date stated above, at 12:15m. PM

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

Pulmonary tuberculosis
Date of onset about

Other contributory causes of importance:

Name of operation None Date of _____

What test confirms 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. J. Hoops, M. D.(Address) Richland 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.

