

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**

Do not use this space.

1815

12 Jan 1937
FEB 17 1937

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township _____ Primary Registration District No. 3020
 City Carthage (No. 1104 Jersey St.) St. _____ Ward _____

2. FULL NAME Elverda Maxwell Dreisbach

(a) Residence, No. 1104 Jersey St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 W. W. Dreisbach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	75	4	1	

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) Carthage /
 (STATE OR COUNTRY) Missouri

13. NAME James Maxwell /

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

15. MAIDEN NAME Margaret Carty

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

17. INFORMANT Fern Dreisbach
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan. 26, 1937

19. UNDERTAKER Ulmer Funeral Home
 (ADDRESS) Carthage, Missouri

20. FILED Jan 26, 1937 S. P. G. Clinton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Jan 24, 1937
 I last saw him alive on Jan 24, 1937. Death is said to have occurred on the date stated above, at 3:30 pm
 The principal cause of death and related causes of importance were as follows:

Perniciou anemia

Date of onset 1931

Other contributory causes of importance:

none

Name of operation none Date of _____
 What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. D. LaFare, M. D.
 (Address) Carthage Mo

