

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.

MAR 25 1937

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

Do not use this space.

8999

1. PLACE OF DEATH
 91 County Saline Registration District No. 801
 4 Township _____ Primary Registration District No. 4480
 2 City Sweet Springs Mo (No. _____ St. _____ Ward)
 2. FULL NAME Caroline Elsner
 (a) Residence, No. Mulberry St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 34 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) <u>Henry a Elsner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 - 1857</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
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 (month and year) <u>1926</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Emma Mo</u>		
FATHER	13. NAME <u>August Meyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hout Know U.S.A</u>	
MOTHER	15. MAIDEN NAME <u>Henrietta Walkenhorn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hout Know U.S.A</u>	
17. INFORMANT (ADDRESS) <u>Mrs. G. H. Weber Sweet Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sweet Springs Mo</u> DATE <u>Feb 24 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Joseph Harvey Sweet Springs Mo</u>		
20. FILED <u>2-24 1937</u> <u>Rose C. Harrison</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1937 to Feb 21 1937
 I last saw her alive on Feb 20 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Bronchitis Date of onset 2-10-37
10
 Other contributory causes of importance:
Bronchopneumonia 2-19-37
ca
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? Yes
 If so, specify _____
 (Signed) R. H. Harrison, M. D.
 (Address) Sweet Springs Mo

