

APR 21 1937

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

Do not use this space.

*Robel*  
11883  
0181

1. PLACE OF DEATH

County *Greene* Registration District No. *318*  
Township *Springfield No. 2* Primary Registration District No. *2001*  
City *Springfield* (No. *447*) *St. New* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *447 No. New* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OF HAIR *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Elberg*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 23 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*69* *0* *8*

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) *Greene, Mo.*

FATHER 13. NAME *Joseph Bohary*

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

MOTHER 15. MAIDEN NAME *Quinn*

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

17. INFORMANT (ADDRESS) *John Elberg 447 No. New St. Springfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Springfield, Mo. March 3 1937*

19. UNDERTAKER (ADDRESS) *Thomas J. McLaughlin 447 No. New St. Springfield, Mo.*

20. FILED *March 3 1937* *Chas. A. Berger* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 1 1937*

22. I HEREBY CERTIFY, That I attended deceased from *March 1 37* to *March 1 37*

I last saw her alive on *March 1 37*. Death is said to have occurred on the date stated above, at *10 a* m.

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

*Coronary Thrombosis* Date of onset *3/1/37*

Other contributory causes of importance: *94B*

Name of operation *None* Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 *no*

Nature of injury \_\_\_\_\_

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

If so, specify *None* (Signed) *Robert Williams* M. D.

(Address) *Springfield, 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.

