JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No.: 125 — File No.: 10671

Township: — Primary Registration District No.: 3009 — Registered No.: 152

City: Cape Girardeau (No. ..., St. Francis Hospital St. ..., Ward)

2. FULL NAME Elmira Ella Hothdorft

(a) Residence, No. Advance, Mo. R.F.D. #3 St., ... Ward. Advance Mo. R#3
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward D. Hothdorft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
59	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Hickory Ridge, Mo.

FATHER

13. NAME Wm. Lape

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

MOTHER

15. MAIDEN NAME Kathryn Pittman

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

17. INFORMANT Edward D. Hothdorft
(ADDRESS) Advance, Mo. R.F.D. #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cemt. DATE May 13, 1937

19. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED 5-11, 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1937, to 5/11, 1937

I last saw her alive on 5-11, 1937. Death is said to have occurred on the date stated above, at 2:10 Am.

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

	Date of onset
Pneumonia (Lobar)	

Other contributory causes of importance:

Name of operation ... 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? ... 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?

If so, specify

(Signed) G. Duckett, M. D.

(Address) Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.