JUN 17 1937

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

Do not use this space.

File No. 19695

Registered No.

1. PLACE OF DEATH
County: Cape Girardeau
Township: Apple creek
City: (No. , St. , Ward)

Registration District No. 128
Primary Registration District No. 51763

2. FULL NAME: Elizabeth Cleve Kiefe

(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: F.
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: Theodore Kiefe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 30 - 1862

7. AGE: Years 75 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Farmington Mo

FATHER
13. NAME: Louis Cleve
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Louise Rickers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Gafe McCallister Oak Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gosher Cemetery DATE: May 29, 1937

19. UNDERTAKER (ADDRESS): Cracraft Mell-Allen Jackson Mo

20. FILED JUN 10 1937, 19 Laura Grepe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1931, to May 26, 1937
I last saw her alive on May 22 1, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:
Mitral Regurgitation

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) R D Blaylock, M. D.
(Address) Oak Ridge, Mo

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