

JUN 22 1937

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

Do not use this space.

20243

1. PLACE OF DEATH

County Jackson Registration District No. 896
Township Rt. Osage Primary Registration District No. 4.233
City Buckner (No. _____ St. _____ Ward _____)

2. FULL NAME Mrs. Eva May Rissler

(a) Residence, No. Buckner Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED George C. Rissler
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1860

7. AGE YEARS 76 MONTHS 8 DAYS 10 If LESS than 1 day, _____ hrs. _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. her home

10. Date deceased last worked at this occupation (month and year) Aug. 1936 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) Bureau County
(STATE OR COUNTRY) Illinois

13. NAME Joseph H. Bridges

14. BIRTHPLACE (CITY OR TOWN) Wayne County
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Sarah Ann Bowman

16. BIRTHPLACE (CITY OR TOWN) Wayne County
(STATE OR COUNTRY) Indiana

17. INFORMANT George Auburn Rissler
(ADDRESS) Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Cem DATE Jan. 1, 1938

19. UNDERTAKER Vernon M. Reppert,
(ADDRESS) Buckner Mo.

20. FILED 30, 1936 John W. Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29/36 19

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1936, to Dec 29, 1936
I last saw her alive on Dec. 29, 1936. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma Ovaris Date of onset _____

Other contributory causes of importance: 49

Name of operation none Date of _____
What test confirmed diagnosis? X Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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 X
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John W. Robertson M. D.
(Address) _____

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.

