

OCT 18 1937

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

Do not use this space.

33852

1. PLACE OF DEATH

County... **Cape Girardeau** Registration District No. **125**  
Township... **Cape** Primary Registration District No. **90092**  
City... **Cape** (No. ....) St. .... Ward)

File No. ....  
Registered No. **270**  
St. .... Ward)

2. FULL NAME

**Mrs Elsie May Bierschwal**

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 1 1901**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
**46 5 0**

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.....  
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Anna Ill.**

13. NAME **Jacob Thorne**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Anna Ill.**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs Helen Pruitt** (ADDRESS) **Cape Girardeau Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Sept. 7 1937**

19. UNDERTAKER **Brinkopf Howell** (ADDRESS) **Girardeau Mo.**

20. FILED **9-1-37** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 1 1937**  
22. I HEREBY CERTIFY, That I attended deceased from **July 16 1937** to **Sept 1 1937**  
I last saw him alive on **Sept 1 1937**. 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 of Uterus**

Other contributory causes of importance: **Secondary Anemia**

Name of operation **None** Date of .....  
What test confirmed diagnosis? **Phys. Ex.** 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 .....  
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? **No**  
If so, specify .....  
(Signed) **Carl H. Thompson**, M. D.  
(Address) **Cape Girardeau**

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.

