NOV 24 1937

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

Do not use this space.

38893

1. PLACE OF DEATH
County Saline
Township ~~Marshall~~
City Marshall, Mo. (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 3038

File No. .....
Registered No. 172

2. FULL NAME Mrs. Ethel Louise Biesemeyer
(a) Residence, No. E. Ohio St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Edward H. Biesemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27	7	13	

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) Marshall, Mo.

FATHER
13. NAME Oliver Lee Bristow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malta Bend, Mo.

MOTHER
15. MAIDEN NAME Colombia J. King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hodge, Mo.

17. INFORMANT Mrs. Oliver L. Bristow
(ADDRESS) Waverly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand Pass, Mo. DATE Oct. 19 1937

19. UNDERTAKER J. L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED 10-18-1937 Mary Kent
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1937, to 10-17, 1937
I last saw h. alive on 10-17, 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:

	Date of onset
Acute Bronchitis	
Asthma	10/15/37

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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? No
If so, specify .....
(Signed) H. Thurmon, M. D.
(Address) Marshall Mo.

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