

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Carr
Township Pleasant Hill
City (No. _____) _____

Registration District No. 157
Primary Registration District No. 5221

File No. 10408
Registered No. 14 Ward _____

2. FULL NAME

Elizabeth Sulzer 426
(a) Residence, No. 426 Pleasant Hill St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Sulzer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13, 1898</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>11</u>	DAYS <u>10</u>
10. LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	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) <u>Feb. 1, 1928</u>
11. Total time (years) spent in this occupation <u>Life</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

13. NAME George Goodroof
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth (Last name unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs John Ruff
(ADDRESS) Pleasant Hill Mo18. BURIAL, CREMATION, OR REMOVAL Buried
PLACE P. H. Ceme DATE Mar - 15 - 193819. UNDERTAKER C. W. Brownfield
(ADDRESS) Pleasant Hill Mo20. FILED 3-17- 1938 Mrs. Etta M. Aldridge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 13 - 193822. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1938, to Mar 13, 1938I last saw him alive on Mar 13, 1938 Death is said to have occurred on the date stated above, at 4:00 m.

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

Influenza

Other contributory causes of importance:

11/10

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? 700If so, specify _____ (Signed) C. P. Thomas, M. D.(Address) Pleasant Hill Mo

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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.

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