

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

Do not use this space.

DEPT DEC 15 1938

1. PLACE OF DEATH

County Cola. Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City Jefferson City, Mo. St. Marys Gap St. _____ Ward _____

File No. 38984

Registered No. 317

2. FULL NAME Elsie Selma Schoch

(a) Residence, No. Russellville, 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 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Schoch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 7th 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
39 2 23

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.

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) Russellville, Mo.

13. NAME Frank Malzner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ida Selma Malzner

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

17. INFORMANT Andrew Schoch
 (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Russellville, Luth. Cem 12/ 3/ 38

19. UNDERTAKER Wm J. Schuchert
 (ADDRESS) Russellville, Mo.

20. FILED 12/11/38 1938 Dr. K. Cooper M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/ 1938

22. I HEREBY CERTIFY, That deceased deceased from Heart June 1 1935 to Heart 1938

First saw her alive on Nov. 30, 1935 Death is said to have occurred on the date stated above, at 3:10 A. M.

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

Adenocarcinoma of the ovary. Date of onset ?
H 9

Other contributory causes of importance: Intestinal obstruction Nov 29 1938

Name of operation Laparotomy Date of operation Nov 29 1938
 What test confirmed diagnosis Pathologist examination Was there an autopsy Yes

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 Yes E. Murrell
 (Signed) _____
 (Address) Russellville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

