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.

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

Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH 97
County Saline
Township Elmwood
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 793
Primary Registration District No. 6036

File No. 7928
Registered No. .....

2. FULL NAME 131 Elizabeth Ebke

(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Ebke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1849

7. AGE YEARS 89 MONTHS 3 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Germany

FATHER
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Wipperman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred Witthar Schackelford Tr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evg Cem Higginsville DATE Feb. 3 1939

19. UNDERTAKER (ADDRESS) Hoefer & Mimershagen Higginsville Mo

20. FILED 2-3 1939 Mattie Wessler Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. I, '39 , 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. I '39, 19..., to Feb. I, '39, 19...
I last saw her alive on Feb. I, '39, 19... Death is said to have occurred on the date stated above, at 10.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Feb. I '39

93½

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) L. E. James, M. D.
(Address) Blackburn, Mo.

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ECEIVED
istrict Health Officer No. 8
istrict File Number
Date Filed 3/2/39