1939 NOV 24 1939

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

35893
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper — Registration District No. 218
(b) Township — Primary Registration District No. 3015 — Registered No. 108
(c) City Boonville — (d) Street No. St. Joseph Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Elsie C. Grathwohl.
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ----
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31" 1911
7. AGE: YEARS 28 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as 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): Cooper County, Mo.

FATHER
13. NAME: Thomas Grathwohl.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Logansport, Indiana.

MOTHER
15. MAIDEN NAME: Amelia Muntzell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County, Mo.

17. INFORMANT (ADDRESS): Mrs. Amelia Grathwohl. Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Billingsville DATE Oct. 5" 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Goodman & Boller. Boonville, Mo.

20. FILED 10-4, 1939 D. E. Hooper 199 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1939 to 10-3, 1939
I last saw her alive on 10-2, 1939 Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bantis Disease	10 yrs. ago.
73 W	
Other contributory causes of importance:	
Gastric Hemorrhages	9-29-39

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) Aubrey H. Wells, M. D.
(Address) Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

SOM-1-12-38 I X14028

RECEIVED
District Health Officer No. 8,
District File Number 11/7/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Bonneville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.