

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.

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH
42 County Herris Registration District No. 347
Township Bethelham Primary Registration District No. 5499A
City (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Francis Kaiser
(a) Residence, No. RR 3 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.

File No. 16470
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 7 21
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Calhoun mo
13. NAME Samuel H Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
15. MAIDEN NAME Renas Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
17. INFORMANT (ADDRESS) Fred Kaiser
Clinton mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethelham DATE 4/11 3:17
19. UNDERTAKER Consolator & Beck
(ADDRESS) Clinton mo
20. FILED 4-13 1937 R. H. Hampton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9 1937
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to Apr 9, 1937
I last saw her alive on Apr 9, 1937. Death is said to have occurred on the date stated above, at about 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset: _____
Death by drowning 4/9/37
(suicide)
Other contributory causes of importance: 166

Name of operation none Date of _____
What test confirmed diagnosis? Examination body Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Apr 9 1937
Where did injury occur? Clinton Berry Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Pool on road
Manner of injury _____
Nature of injury Drowning
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) S. R. Hengler, M. D.
(Address) Green Spring Co., Clinton, Mo.

