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.

17

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

Do not use this space.

36293

1. PLACE OF DEATH
County: Clark
Registration District No.: 190
File No.:
Township:
Primary Registration District No.: 4118
Registered No.: 53
City: Kahoka (No. ..... St. ..... Ward)

2. FULL NAME: Elsie Elvira Schreiber.
(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: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: George Schreiber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 23, 1892

7. AGE: Years 35 | Months 6 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Reno Co. Kansas

PARENTS
10. NAME OF FATHER: J. E. Will
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mary Schneeberg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Not Known

14. INFORMANT: George Schreiber
(Address): Kahoka Mo.

15. FILED: 12/28 1927 J. E. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1927, to Dec 27, 1927, that I last saw her alive on Dec 27, 1927, and that death occurred, on the date stated above, at 1:15 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral abscess
7A 8613
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Mastoiditis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. B. Dixson, M. D
12/28, 1927 (Address) Kahoka Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Pauls Cem.
DATE OF BURIAL: 12/30 1927

20. UNDERTAKER: Fred J Karle
ADDRESS: Kahoka Mo