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

FEB 18 1936

Do not use this space.

832

1. PLACE OF DEATH
County Franklin — Registration District No. 4177 — File No.
Township Boles — Primary Registration District No. 243 — Registered No.
City Pacific (No. , St. Ward)

2. FULL NAME ELIZA ROEMER
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 65 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12, 1845

7. AGE: YEARS 91 — MONTHS 1 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: ???? Schrempf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Henry Roemer, Newburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE 1/25/36, 19

19. UNDERTAKER (ADDRESS): Thiebes & Son, Pacific, Mo.

20. FILED 1-25 1936 G. E. Goss Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/22/36, 19

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1933, to Jan 22, 1936
I last saw her alive on Jan 22, 1936 Death is said to have occurred on the date stated above, at 10:40 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	not known

Other contributory causes of importance:

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?
If so, specify
(Signed) H. L. McNay, M. D.
(Address) Pacific, Mo.