

DEC'D SEP 26 1938

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

29417

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
 (b) Township Jackson Primary Registration District No. 5675 Registered No. _____
 (c) City _____ (d) Street No. 12 mi. N. W. Chillicothe, Mo. 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

Mrs. Elizabeth Troeger Wilson 425
 (a) Residence, No. 12 mi. N. W. Chillicothe, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—
 HUSBAND OF Charles W. Wilson
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Livingston County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Peter T. Troeger

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Hoereth

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

17. INFORMANT Charles W. Wilson
 (ADDRESS) R. F. D.-- Chillicothe, Mo.

18. BURIAL, CREMATION OR REMOVAL
 PLACE Mt. Olive DATE 8-31, 1938

19. FUNERAL DIRECTOR F. B. Norman
 (ADDRESS) Chillicothe, Missouri 451

20. FILED Sept 7, 1938 Donald M. Duvall Local Registrar
 (Address) Chillicothe, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 27, 1938, to Aug 29, 1938
 I last saw her alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8/27/38

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis Cerebral 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) G. W. Carpenter, M. D.
 (Address) Chillicothe, Mo.

STATEMENT BY LICENSED EMBALMER

I, E. R. Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

ER Norman

Licensed Embalmer No. 2374

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.)