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.

REC'D MAR 16 1939

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

Do not use this space.

File No. 7934

Registered No. 12

1. PLACE OF DEATH
County Saline — Registration District No. 801
Township Salt Pond — Primary Registration District No. 6044
City Sweet Springs (No. R 7 Box 4 — St. — Ward)
Foc

2. FULL NAME Eleonora Scholle

(a) Residence, No. RF 28 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William A Scholle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18-1884

7. AGE: Years 54 | Months 1 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General House Work
10. Date deceased last worked at this occupation (month and year) December 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

FATHER

13. NAME Henry C Weber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Missouri

MOTHER

15. MAIDEN NAME Emma Hierking
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emma Missouri

17. INFORMANT (ADDRESS) W A Scholle Sweet Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL Fairview Cemetery
PLACE Sweet Springs Mo DATE February 13, 1939

19. UNDERTAKER (ADDRESS) Geo Harvey Sweet Springs Missouri

20. FILED Feb 14 1939 Thos John S Hellenbrand Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1939 to Feb. 10, 1939
I last saw her alive on Feb. 10 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meleno-epithelioma of left foot	About June 1936
53	

Other contributory causes of importance:

Metastases of inguinal nodes and liver	July 1938

Name of operation X-Ray treat Date of Nine 1936
What test confirmed diagnosis? Microscopic Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None ~~Place 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) A. H. Pingen, M. D.
(Address) Sweet Springs Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39