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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9750

APR 25 1934

1. PLACE OF DEATH *California*

County *Monterey*

Registration District No. *571*

Township *Calaveras*

Primary Registration District No. *4335*

City *Calaveras* No. _____

File No. _____
Registered No. ~~12~~
St. _____ Ward _____

FULL NAME *Eliza Grossglauer*

(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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Adolph Grossglauer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1871-12-14*

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	<i>63</i>	<i>3</i>	<i>10</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *house wife*

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) *Switzerland*

13. NAME *John Haldiman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Center B. Switzerland*

15. MAIDEN NAME *Mary Ann Haldiman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Anna Scherf, California*

18. BURIAL, CREMATION, OR REMOVAL *Shippale cemetery*
PLACE _____ DATE *Mar 24 1934*

19. UNDERTAKER (ADDRESS) *Mar F. Altrick*

20. FILED *B-25* 1934 *H. R. Poppey* Registrar.

(12) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-24* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *March 16* 19*34* to *March 24* 19*34*
I last saw h. *21* alive on *March 24* 19*34* Death is said to have occurred on the date stated above, at *3:38 p.* m.

The principal cause of death and related causes of importance were as follows:

Lobular Pneumonia Date of onset _____
Capillary Bronchitis
107A
107B
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *200*

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 *Yes*
(Signed) *Wm. Gray* _____, M. D.
California, Mo.

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.

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