

County BrownTownship DenmarkVillage DenmarkCity Denmark

AUG 4 1933

STATE OF WISCONSIN  
Department of Health—Bureau of Vital Statistics  
COPY OF DEATH RECORD

91

Registered No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Mrs. Barbara Elmer  
(If death occurred in a hospital or institution give its NAME instead of street and number)(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and state)Length of residence in city or town where death occurred 16 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth 87 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the Word) Widowed5a If Married, Widowed or Divorced  
HUSBAND of  
(or) WIFE of Wences Elmer6 DATE OF BIRTH (month, day and year) Feb. 7 18507 AGE  
Years 83 Months 3 Days 29  
If LESS than 1 day, \_\_\_\_\_ hours or \_\_\_\_\_ min.

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Housewife(b) General nature of industry, business, or establishment in which employed (or employer) V9 BIRTHPLACE (city or town) Europe  
(State or country)10 NAME OF FATHER Frank Skvor11 BIRTHPLACE OF FATHER (city or town) Europe  
(State or country)12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town) Europe  
(State or country)14 Informant Mrs. D. Gressel  
(Address) Maribel Wis. R115 Filed 6-2 1933 H. J. Keller  
Registrar.Filed \_\_\_\_\_ 192\_\_\_\_\_  
Sub-Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 1 193317 I HEREBY CERTIFY, that I attended deceased from Mar 8 1933, to May 31 1933; that I last saw him alive on May 31 1933, and that death occurred on the date stated above at 8 A. m.

The CAUSE OF DEATH\* was as follows:

Chronic Myocarditis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
(Secondary)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? pyruv(SIGNED) Frank J. Hager, M. D.1933 Denmark, Wis.

\* 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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mariontown Wis. DATE OF BURIAL June 3 193320 UNDERTAKER Mrs. Kuntsov ADDRESS Denmark Wis.