

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

1 PLACE OF DEATH

County Spencer
Township Jackson Registration District No. 312 File No. 33377
or King city Primary Registration District No. 4186 Registered No. 92
City (NO. St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elizabeth Myers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
4 COLOR OR RACE white
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married
6 DATE OF BIRTH Nov 1 1866
(Month) (Day) (Year)

7 AGE 48 yrs 9 mos 0 ds.
If LESS than 1 day.....hrs. 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)

9 BIRTHPLACE (City or town, State or foreign country) Ind.

PARENTS
10 NAME OF FATHER David Owens
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ind.
12 MAIDEN NAME OF MOTHER M. Owens
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Maggie L. Long
(Address) King City Mo.

15 Filed Nov 10 1910 Registrar W. J. Cole

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 1st 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 4 1915 to Aug 1 1915
that I last saw her alive on Aug 1 1915
and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:
912
510 Mastoiditis (infection of meningitis)

(Duration) 2 mos 0 ds.
CONTRIBUTORY Infected middle ear
(Secondary)

(Duration) 2 0 yrs 0 mos 0 ds.
(Signed) W. J. Cole M. D.
1915 (Address) King City Mo.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death 1 yr 0 mo 0 ds. In the State 1 yr 0 mo 0 ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL King City Mo. DATE OF BURIAL Aug 22 1915

20 UNDERTAKER W. J. Cole ADDRESS King City Mo.

