

JUL 27 1927

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

Do not use this space.

18751

1. PLACE OF DEATH

County Lauraense
Township Franklin
City Aurora (No. 2)

Registration District No. 467
Primary Registration District No. 4280

File No. _____
Registered No. 59
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1820 Jefferson St., 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF A. C. Eaton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18-1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 5 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ind
(STATE OR COUNTRY) _____

10. NAME OF FATHER Benton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

14. INFORMANT Jula Dobbs
(Address) Springfield

15. FILED 8/8 1927 R. H. East
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1927

17. I HEREBY CERTIFY that I attended deceased from June 1, 1927 to June 7, 1927 that I last saw her alive on June 5, 1927, and that death occurred, on the date stated above, at 5-25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute obstruction of the bowels
operation refused by patient.

CONTRIBUTORY (SECONDARY) 1223 (duration) yrs. mos. da. 7

18. WHERE WAS DISEASE CONTACTED 118102
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Thomas D. Miller, M. D.
, 19 (Address) Aurora, Missouri.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park Cem DATE OF BURIAL 6/8 1927

20. UNDERTAKER Long and Co ADDRESS Aurora

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.

