

FEB 23 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2304

1. PLACE OF DEATH

County St. Francois
 Township 11
 City Near Farmington (No. Ward.)

Registration District No. 773
 Primary Registration District No. 6018A

File No.
 Registered No. 9

2. FULL NAME Henrietta Elders

(a) Residence. No. State Hospital No. 4 St. Ward. R. R. 3-Charleston-MO
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 16 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Elders

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
75 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) Louisiana

10. NAME OF FATHER Riney

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Hospital Records
 (Address)

15. FILED 1-25-28 P. Robinson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 23 19 25

17. I HEREBY CERTIFY, That I attended deceased from Jan 23 19 25 to Jan 23 19 25, and that I last saw him alive on Jan 23 19 25, and that death occurred, on the date stated above, at 6 30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

undiagnosed chronic disease

CONTRIBUTORY (SECONDARY) 20513 (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? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thomas R. Robinson, M. D.

1-24-1928 State Hospital No. 4

*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 Charleston, MO
Calvary Cemetery

DATE OF BURIAL 1-25-27

20. UNDERTAKER F. D. Lair, Jr.

ADDRESS Charleston

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.

