

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and 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

Do not use this space.

34742

1. PLACE OF DEATH

County PulaskiTownship CullenCity No.Registration District No. 713Primary Registration District No. 5742

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Elyse L. Smith Zumwalt Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

81✓✓

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer(b) General nature of industry, business, or establishment in which employed (or employer) Lumate of Co. farm

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT J. W. Souders(Address) Waynesville

15.

FILED 10/15/27Chilbert

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 192717. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1927 to Oct. 14 1927that I last saw him alive on Oct. 14 1927, and that death occurred, on the date stated above, at 1:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Degeneration 1.30
160 1.62
(duration) yrs. _____ mos. _____ ds. _____CONTRIBUTORY (SECONDARY) Old age

(duration) 2 yrs. _____ mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓DID AN OPERATION PRECEDE DEATH? ✓ DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chilbert

M. D.

10/15/1927 (Address) Waynesville

*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

DATE OF BURIAL

Pulaski Co. Conn.10/15 1927

20. UNDERTAKER

ADDRESS

Charles C. L. StoneWaynesville

