

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

Do not use this space.

13081

PLACE OF DEATH

County Jefferson
Township Joachim
City Festus (No. _____, St. _____ Ward _____)

Registration District No. 421
Primary Registration District No. 4249

File No. _____
Registered No. 39

2. FULL NAME Elizabeth Catherine Buren

(a) Residence. No. _____ St. _____ 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	61	7	14	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Jefferson County Missouri

10. NAME OF FATHER John Buren

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

12. MAIDEN NAME OF MOTHER Lucy Gamel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) St. Francis County Mo

14. INFORMANT Mrs. Ethel M. Buren (Address) Festus Mo.

15. FILED 4/5/30 J. C. Rulledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1 - 1930, to Apr 4 - 1930, that I last saw him alive on Apr 3, 1930, and that death occurred, on the date stated above, at 6:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Liver
44 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Med/30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. F. Donnelly, M. D.
4-4-30 (Address) Crystal City Mo

*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

Festus Mo

4-5-30

20. UNDERTAKER

ADDRESS

Quickest Viewpoint Festus Mo

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.

MAY 26 1930

