

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

Do not use this space.

23353

1. PLACE OF DEATH

County Johnson
Township Madison
City Sweden (No. St. Ward)

Registration District No. 427
Primary Registration District No. 4233

File No.
Registered No. 14

2. FULL NAME

Ester Furness

(a) Residence. No. St. Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29, 1841

7. AGE 89 YEARS MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) London, England (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Holiday
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) London, England
12. MAIDEN NAME OF MOTHER Sara Wood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) London, England

14. INFORMANT Mrs Edith Carr (Address) Elise St Holden, Mo

15. FILED July 15, 1930 G. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1930 to July 13, 1930 that I last saw her alive on July 7, 1930 and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart disease

95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [Signature] (duration) 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?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Emy Thompson, M. D. Holder M D, 19 (Address)

*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 Fairview Cemetery DATE OF BURIAL July 15, 1930

20. UNDERTAKER G. W. Harris ADDRESS Holden Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHOTODUPLICATIONS very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

92

