

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

Do not use this space.

23618

1. PLACE OF DEATH.

County Moniteau
Township Ferguson
City High Point (No.)

Registration District No. 576
Primary Registration District No. 5723

File No.
Registered No. 5
St. Ward)

2. FULL NAME

(a) Residence. No. Eliza J. Hickox High Point 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. 16 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 Color 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Hickox.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1st, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) State Mo. County
(STATE OR COUNTRY)

10. NAME OF FATHER Willis Lee Proctor

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

12. MAIDEN NAME OF MOTHER Mary E. Walker

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

14. INFORMANT Cardell F. Proctor
(Address) High Point, Mo.

15. FILED 7-10-30 J. H. Linke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 4th 1930 to July 6th 1930 that I last saw her... alive on July 4th 1930, 19... and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Asthma

95B

Dont Know

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. S. Glover, M. D.

, 19 (Address) Russellville 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

Moniteau 7-7 1930

20. UNDERTAKER ADDRESS L. H. Gomer Eldon, 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.

JUL 23 1930

