

NOV 26 1930

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

Do not use this space.

33666

1. PLACE OF DEATH

County Nodaway
Township Hopkins
City Hopkins

Registration District No. 624
Primary Registration District No. 5876

File No. _____
Registered No. 76

2. FULL NAME Eleanor Hymbaugh

(a) Residence. No. farm, 4 miles from Hopkins Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

female

4. COLOR OR RACE

white

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

married

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

Nathan Hymbaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1845

7. AGE

84

YEARS

MONTHS

10

DAY

19

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. farmer's wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hope

(STATE OR COUNTRY)

Ill.

PARENTS

10. NAME OF FATHER

Kath Aldridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Va.

12. MAIDEN NAME OF MOTHER

Mary Allensworth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14. INFORMANT

Nathan Hymbaugh

(Address)

Hopkins, Mo.

15. FILED

10/12/30

N. H. Hymbaugh
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1930, to Oct 11, 1930 that I last saw her... alive on Oct 8, 1930, and that death occurred, on the date stated above, at 1:20 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of esophagus

CONTRIBUTORY (SECONDARY) Hb A (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 Clinical

(Signed) [Signature] M. D.

10/13, 1930 (Address) Hopkins, 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

Hopkins cem.--Hopkins, Mo Oct 13 1930

20. UNDERTAKER

ADDRESS

A L Stithem #2658

Bedford, Ia.

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.

