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

Do not use this space.

40513

JAN 22 1931

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Near Farmington, Mo. (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018-A

File No. .....
Registered No. 178

2. FULL NAME Eliza Fortune

(a) Residence. No. Belgrade, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	11	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Isaak Eaton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 12-24-30 19 T. J. Robinson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1928, to Dec. 24, 1930 that I last saw her alive on Dec. 24, 1930, and that death occurred, on the date stated above, at 12:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
106 D
97 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Bronchitis
..... (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) Ralph Hanks, M. D.
12/24, 1930 (Address) Farmington, 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 Belgrade, Mo
DATE OF BURIAL 12-26 1930
20. UNDERTAKER C. J. Hill
ADDRESS Bismarck, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.