

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

Do not use this space.

2

18 1931

PLACE OF DEATH:

County Adair
Township Pinhook
City Mountain View (No. _____)

Registration District No. 2
Primary Registration District No. 4004

File No. 2
Registered No. _____
St. _____ Ward _____

2. FULL NAME Elizabeth Irene Stinson

(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 Feem. 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 James Stinson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4. 1881.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(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) Illinois

10. NAME OF FATHER G. B. Cramblet.

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

12. MAIDEN NAME OF MOTHER Margaret Ann Hughes

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

14. INFORMANT James Stinson
(Address) Mountain View Mo

15. FILED 1/11 1931 J. S. Gashwiler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Jan 10, 1931 that I last saw her alive on Jan 8, 1931, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 59
(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 urine
Jan 10 1931 (Signed) H. W. Harrison M. D.
, 1931 (Address) Mountain View 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 Novinger Cemetery DATE OF BURIAL Jan 12 1931
ADDRESS _____

20. UNDERTAKER Llewellyn & Son ADDRESS Novinger Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

