

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

Do not use this space.

9660

1. PLACE OF DEATH

County Howard Registration District No. 378
 Township Primary Registration District No. 4222
 City Fayette (No.) St. Ward)

2. FULL NAME Elizabeth M. Elkin.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/12/1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 0 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 16

13. NAME Joseph Steintzmoeyer

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MOTHER'S NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) 31 (STATE OR COUNTRY)

17. INFORMANT Mrs James Ferguson (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 3/23/31 19.

19. UNDERTAKER Guy J. Hall (ADDRESS) Fayette, Mo.

20. FILED Apr. 10, 1931 J. O. Burkham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/31 19...

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1931, to, 19....

I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia 3-20-31
Chronic Myocardia

Name of operation Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place

Manner of injury Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. Bloom M. D. (Address) Fayette 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. APR 23 1931

