

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.

MAY 21 1934

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

Do not use this space.

13472

1. PLACE OF DEATH
County Cedar Registration District No. 163
Township Edwards Spgs Primary Registration District No. 4095
City Edwards Spgs (No. _____) St. _____ Ward _____

2. FULL NAME Eliza J Brower
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April-11</u> , 19 <u>31</u>	
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 1</u> , 19 <u>31</u> , to <u>Apr 9</u> , 19 <u>31</u> . I last saw her alive on <u>Apr 9</u> , 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>5:15 p.m.</u> . The principal cause of death and related causes of importance were as follows: <u>Cardiac decompensation.</u> Date of onset <u>Apr 5</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept-16-1853</u>					<div style="text-align: center; font-size: 2em; font-weight: bold;">95B</div>	
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.		
<u>77</u>	<u>6</u>	<u>25</u>	<u>25</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					Other contributory causes of importance _____	
10. Date deceased last worked at this occupation (month and year) _____					11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>						
13. NAME <u>R.A. Crawley</u>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>						
15. MAIDEN NAME <u>Jane Poore</u>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>						
17. INFORMANT <u>M.W. Brower</u> (ADDRESS) <u>Edwards Springs, Mo</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mound Cem</u> DATE <u>4/12</u> , 19 <u>31</u>						
19. UNDERTAKER <u>G.W. Seders</u> (ADDRESS) <u>Edwards Springs, Mo</u>						
20. FILED <u>4-12-</u> , 19 <u>31</u> <u>G.W. Seders</u> Registrar.						

