MAY 27 193

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

Do not use this space.

15273

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township Marion — Primary Registration District No. 4422 — Registered No. 18
City Bolivar (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Jane Whaley
(a) Residence. No. 621 Vine St. 3rd Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 60 yrs. 5 mos. X 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): ~~Married~~ Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Andrew Whaley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 7th 1850

7. AGE: Years 80 — Months 6 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

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): Gosport Indiana

PARENTS
10. NAME OF FATHER: Nathan F. Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): near Lexington Kentucky
12. MAIDEN NAME OF MOTHER: Hannah P. Truax
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): near Indianapolis Indiana

14. INFORMANT: Herman Infahl
(Address) Bolivar Mo

15. FILED 4/21, 1931 J. F. Robert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 20th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1931, to April 18, 1931, that I last saw her alive on April 16, 1931, and that death occurred, on the date stated above, at 2 a.m. 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131 Least Known
(Ch. Int. Nephritis)
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): at Home
(duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at Home
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. V. Stewart, M. D.
4/21, 1931 (Address) Bolivar 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: Green Wood — DATE OF BURIAL: April 21, 1931

20. UNDERTAKER: White Funeral Home — ADDRESS: Bolivar, Mo.