

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

21016

1. PLACE OF DEATH  
 County Deer Registration District No. 266  
 Township Salem Primary Registration District No. 4164  
 City Salem (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Eliza A Wofford  
 (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 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 42  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. <del>IF MARRIED, WIDOWED, OR DIVORCED</del> <del>HUSBAND OF</del> (OR) WIFE OF <u>William R Wofford</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 5 - 1868</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>62</u>	<u>6</u>	<u>18</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (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) <u>Deer Co Mo</u>				
10. NAME OF FATHER <u>Thomas Jefferson Welch</u>				
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>State Tennessee</u>				
12. MAIDEN NAME OF MOTHER <u>Mary E Davis</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
14. INFORMANT <u>William R Wofford</u> (Address) <u>Salem Mo</u>				
15. FILED <u>6/24 31</u> H. E. Ruedel, Jr., R. REGISTRAR				

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/23/ 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/18/ 1931 to 6/23/ 1931 that I last saw h. alive on 6/22/ 1931, and that death occurred, on the date stated above, at 6:20 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
with Monophasia  
1113 (duration) yrs. mos. ds. 5 ds.

CONTRIBUTORY (SECONDARY) Hypertensive Pneumonia  
 (duration) yrs. mos. ds. 5 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? clinical findings  
 (Signed) Alfred H. Hunt M. D.  
6/24 1931 (Address) Salem 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 <u>Cedar Grove Cemetery</u>	DATE OF BURIAL <u>6/24 1931</u>
20. UNDERTAKER <u>H. D. Hobson</u>	ADDRESS <u>Salem Mo</u>

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.

JUL 24 1931

MARGIN RESERVED FOR BINDING

AUG 18 1952