CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

107

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

Do not use this space.

24003

1. PLACE OF DEATH

County: Texas — Registration District No.: 883 — File No.:

Township: Lynch — Primary Registration District No.: 6138 — Registered No.: 14

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Eliza E Hakson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale

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~~: Sam Hakson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1 1880

7. AGE: Years 51 — Months 5 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Mfe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Mo

FATHER

13. NAME: T L Cantrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

MOTHER

15. MAIDEN NAME: Nannie Owen Cantrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Mo

17. INFORMANT (ADDRESS): Sam Hakson

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Licking — DATE: 6-7-1931

19. UNDERTAKER (ADDRESS): Licking Mo

20. FILED: 6-6-1931 — W R Reid, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to June 6, 1931, I last saw him alive on June 5, 1931. Death is said to have occurred on the date stated above, at 7 a m.

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

	Date of onset
Myocarditis	
Nephritis	
BRIGHTS	

Other contributory causes of importance:

Inflammation of Spleen

Name of operation: None — Date of: —

What test confirmed diagnosis? — 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: .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify: .....

(Signed): Lucius Rangdale, M. D.

(Address): Licking Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 1
Registered No. 4

1. PLACE OF DEATH
County: Texas — Registration District No. 88-3
Township: Lynch — Primary Registration District No. 61-38
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Eliza E. Hobson
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Sam Hobson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1-1880

7. AGE — Years: 51 — Months: 0 — Days: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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) (STATE OR COUNTRY): Licking Mo

FATHER
13. NAME: J. L. Cantrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

MOTHER
15. MAIDEN NAME: Winnie Owen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Licking Mo

17. INFORMANT (ADDRESS): Sam Hobson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Licking — DATE: 6-7-, 19 31

19. UNDERTAKER (ADDRESS): Licking Mo

20. FILED 7-10, 19 31 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 19 31

22. I HEREBY CERTIFY, That I attended deceased from May 25, 19 31, to June 6, 19 31
I last saw h. alive on June 5, 19 31. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	

Other contributory causes of importance: Inflammation of spleen

Name of operation: None — Date of .....
What test confirmed diagnosis? ..... 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Leslie C. Kendall, M. D.
(Address) Licking Mo.

SUPPLEMENTARY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH PEN AND 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

V. S. No.

5-24003