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

Do not use this space.

28691-1

1. PLACE OF DEATH
County Lafayette
Township
City Higginsville (No. 4274 St. Ward)
Registration District No. 460
Primary Registration District No. ~~5623-B~~
File No.
Registered No. 63

2. FULL NAME Eliza Lovenia Chaffin Modrel
(a) Residence. No. Confederate Home 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.

NOV 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Martin Luther Modrel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	6	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Knoxville Tenn
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT [signature]
(Address) Higginsville Mo

15. FILED 8-20, 1931 Bessie P Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1931, to Aug 20, 1931 that I last saw her alive on Aug 20, 1931, and that death occurred, on the date stated above, at 6.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Motor Paralysis Right
Hemiplegia
8 V D (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) [signature] (duration) yrs. mos. 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
(Signed) B F Bowline, M. D.
8-20, 1931 (Address) Higginsville 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	DATE OF BURIAL
Con Home	8/20 1931

20. UNDERTAKER	ADDRESS
A S Hader Higginsville Mo	