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

Do not use this space.

36642 a

File No. 36642 a

Registered No.

1. PLACE OF DEATH

County Texas

Township Roubidoux

Registration District No. 867

Primary Registration District No. 6147

City (No. St. Ward)

2. FULL NAME Orilla Victoria Elmore

(a) Residence, ~~No.~~ near Roby Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. 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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Noah F. Elmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1871

7. AGE: Years 60 | Months 3 | Days 26 | 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) June 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brumley Miller Co. Missouri

FATHER

13. NAME Chas. Longlin Jeffries

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Kentucky

MOTHER

15. MAIDEN NAME Lucy Edgar Watkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Co. Ky

17. INFORMANT (ADDRESS) Mrs. Eva Elliott Plato Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knob Grave yard DATE 10-23- 1931

19. UNDERTAKER (ADDRESS) None none

20. FILED 10-23 1931 R. B. Tilley Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 11th 1931, to Oct 22nd 1931. I last saw ~~her~~ alive on Oct 21st 1931. Death is said to have occurred on the date stated above, at 4 a. m.

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

	Date of onset
Cancer of the Liver	About 3 yrs ago
466	

Other contributory causes of importance? 466

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Robt. B. Tilley, M. D.

(Address) Plato Mo

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.