

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

Do not use this space.

41435

78

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township 7th Mt. Vernon Primary Registration District No. 6633
City (No.) St. Ward)

2. FULL NAME

Elizabeth Synn
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-21-13</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>milliner shop</u>	
	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) <u>Hardin, Mo.</u>		
FATHER	13. NAME <u>Conrad H. Synn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Excelsior Springs, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Nellie B. Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike, Mo.</u>	
17. INFORMANT <u>Sanat. records</u> (ADDRESS)		
18. BURIAL, CREMATION OR REMOVAL <u>Cemetery</u> PLACE <u>State Sanatorium</u> DATE <u>17/23/32</u>		
19. UNDERTAKER <u>Geo. B. Orr</u> (ADDRESS) <u>mt. Vernon, Mo.</u>		
20. FILED <u>Jan 9, 1932</u> <u>W. J. Tuckey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1931, to 12/20, 1931
I last saw her alive on 12/20, 1931. Death is said to have occurred on the date stated above, at 4:27 p.m.
The principal cause of death and related causes of importance were as follows:
Subsidiary Tuberculosis Feb. 1931
R. 3rd
Other contributory causes of importance:
None
Name of operation none Date of
What test confirmed diagnosis? Sab. 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? no.
If so, specify
(Signed) J. B. Stokes, M. D.
(Address) mt. Vernon, Mo.

WHITE PEAINRY, 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.

10

11

12

13

14