

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

Do not use this space.

41565

1. PLACE OF DEATH

County Miller
Township Galine
City Eldon (No. _____)

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 91
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(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.

Marguerite Elizabeth Cuffman
Eldon Mo
(If nonresident, give city or town and State)

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 John H. Cuffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 26

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) Jefferson City Mo

13. NAME J. B. Kille

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry

15. MAIDEN NAME Hanna Hammel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm

17. INFORMANT (ADDRESS) M. Cuffman

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Patrick's Cem DATE Dec 9 1931

19. UNDERTAKER (ADDRESS) W. A. Phillips
Eldon Mo

20. FILED 12-7 1931 Belle Hayes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-31

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1931, to Dec 7 1931

I last saw her alive on Nov 27 1931 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Cerebral Hemorrhage Date of onset 12-7-31

Arteriosclerosis 1925

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) E. B. Shelton, M. D.
(Address) Eldon Mo

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

