

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

Do not use this space.

7989

1. PLACE OF DEATH

36 County Franklin Registration District No. 291
 Township Central Primary Registration District No. 5409a
 City Moselle (No. _____) St. _____ Ward _____

2. FULL NAME

Eliavause Reister - Medlin
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Logan M. Medlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1847</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>8</u>
	DAYS <u>17</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>Housewife</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>Barton Co. Mo.</u>		
FATHER	13. NAME <u>Joe Reister</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Walter R. Northcutt</u> <u>Moselle, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moselle</u> DATE <u>3-6-</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Casper and Co</u> <u>St. Charles, Mo.</u>		
20. FILED <u>3/7</u> 19 <u>32</u> <u>Fred. Swanson</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/10 - 1931, to 3/4 1932
 I last saw her alive on 11/6 1931 Death is said to have occurred on the date stated above, at 7:28 m.
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation
gvt
 Other contributory causes of importance:
1

Name of operation _____ 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 W. E. Pritchell M. D.
 (Signed) _____ (Address) W. Clairton

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 22 1932

