

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

Do not use this space.

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1. PLACE OF DEATH

36 County Franklin
5 Township
6 City St. Clair (No. _____)

Registration District No. 294
Primary Registration District No. 4178

File No. _____
Registered No. 19 St. _____ Ward _____

2. FULL NAME

Elvin Generally

(a) Residence, No. _____ St. _____ Ward St. Clair Mo
(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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lee Generally</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1854</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____hra. or _____min.
	<u>77</u>	<u>5</u>	<u>16</u>	
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 _____	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932, to April 16, 1932
I last saw h. or w. alive on April 16, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

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

Myocardite Chronic
9.2.32
1.6.32
Other contributory causes of importance:
Phenobarb
130
D

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Mo.</u>
	13. NAME <u>Lee White</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Wicky White</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT <u>James R. King</u> (ADDRESS) <u>St. Clair Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Clair Mo.</u> DATE <u>April 19, 1932</u>
	19. UNDERTAKER (ADDRESS) <u>St. Clair Mo.</u>
	20. FILED <u>4/17</u> 19 <u>32</u> <u>W. E. Whitehead</u> Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? Cleval Was there an autopsy? N. O.

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 N. W. Duckworth M. D.
(Signed) Dr. Elvin Mo
(Address) _____

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.

MAY 24 1932

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