

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.

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

Do not use this space.

13558

1. PLACE OF DEATH

County Platte  
Township Winston  
City (No.         )

Registration District No. 698  
Primary Registration District No. 1926

File No.           
Registered No.           
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 1 16

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. 235  
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) Kentucky

13. NAME R F McElure

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

15. MAIDEN NAME Mary Ellen Russell

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

17. INFORMANT (ADDRESS) Jesse Beach  
Winston

18. BURIAL, CREMATION, OR REMOVAL PLACE Wabash Ridge DATE Apr 22 1932

19. UNDERTAKER (ADDRESS) J. P. Miller  
Winston

20. FILED 4/22 1932 J. P. Miller  
Registrar.

3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 21 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb - 24 - 1932 to April - 21 - 1932

I last saw him alive on April - 14 - 1932 Death is said to have occurred on the date stated above, at 10 a.m.

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

Aquina Pectoris Date of onset         

94A ① 94B

97.

Other contributory causes of importance:

Arterio - Sclerosis

My peritension.

102

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) Lewis C. Calvert, M. D.

(Address) Winston, Mo.

