23506-a

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

Do not use this space.

23506 a

File No. 9

Registered No. 998

1. PLACE OF DEATH

72 County New Madrid Registration District No. 55

Township Anderson Primary Registration District No. ~~4033~~

City ..... No. Cochran 6262 St. ..... Ward)

2. FULL NAME Onval Reva Elkran

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 22 1932

7. AGE: YEARS | MONTHS: 4 mo | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

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): Gideon Mo

FATHER

13. NAME: J. B. Cochran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gideon Mo

MOTHER

15. MAIDEN NAME: Ella Bellington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gideon Mo

17. INFORMANT (ADDRESS): Vester Bellington

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt Gideon DATE: July 23 1932

19. UNDERTAKER (ADDRESS): No Undertaker

20. FILED: Oct 10, 1932 M. D. Munnan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to July 20, 1932

I last saw her alive on July 20, 1932. Death is said to have occurred on the date stated above, at 8 P m.

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

Malaria Fever

38 38

Date of onset

Other contributory causes of importance:

(1)

Name of operation: none 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? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: none

Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) B. E. Ecce, M. D.

(Address) Gideon 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 28 1932

V. S. No. 2.