

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

Do not use this space.

Stromont
32602

1. PLACE OF DEATH

County Jasper
Township Center
City Centerville (No. St. Ward)

Registration District No. 407
Primary Registration District No. 4241

File No.
Registered No.

2. FULL NAME

Mrs. Jennie Elizabeth Ayers
(a) Residence, No. 522 N. Lewis 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 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 Elmer Ayers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 285
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Greenfield !
(STATE OR COUNTRY) Missouri

13. NAME L. D. Ritz

14. BIRTHPLACE (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Kate Gull

16. BIRTHPLACE (CITY OR TOWN) Kanana ?
(STATE OR COUNTRY)

17. INFORMANT Elmer Ayers
(ADDRESS) Centerville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Cem DATE 10/24 1932

19. UNDERTAKER Webb City Undert Co.
(ADDRESS) Webb City, Mo.

20. FILED 10/22 1932 J. W. Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1932 to Oct 21, 1932
I last saw her alive on Oct 18, 1932. Death is said to have occurred on the date stated above, at 5:30 P. m.

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

Pulmonary tuberculosis

Other contributory causes of importance: (1)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) P. M. Stromont, M. D.
(Address) Webb City, Mo.

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.

NOV 23 1932

