

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

Do not use this space.

36674

1. PLACE OF DEATH

County Pettis Registration District No. 669
Township Smithton Primary Registration District No. HH01
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 9

2. FULL NAME

Mrs. Eliza Ellen Demand
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 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 white
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Demand

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 17

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.
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) Washington, Co State of Ohio

13. NAME Harvey Meese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Eliza Anne Harvey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Maryland

17. INFORMANT Edston Demand
(ADDRESS) Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton DATE Nov 4 1932

19. UNDERTAKER A. F. Yemmyer
(ADDRESS) Smithton Mo

20. FILED Nov 4 1932 Wm. J. L. Womles
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1932 to Nov 2 1932

I last saw h. er alive on Nov 1 1932 Death is said

to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
131 131
Chronic nephritis

Date of onset 10.23/32

Other contributory causes of importance: Chronic nephritis

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? _____
If so, specify _____

(Signed) T. H. Fogle, M. D.
(Address) Smithton 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.

1932

