

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

Do not use this space.

1. PLACE OF DEATH

11
5
9

County Buchanan
Township Joseph
City Joseph (No. 906)

Registration District No. 85
Primary Registration District No. 1001

File No. 254
Registered No. 5
Ward

2. FULL NAME

(a) Residence, No. 906 E. Rear Audition 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1859</u>		
7. AGE <u>74</u>	YEARS <u>Unknown</u>	MONTHS <u>Unknown</u>
	DAYS <u>Unknown</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>
	10. Date deceased last worked at this occupation (month and year) <u>no part in this occupation</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
White Oak, Mo.

FATHER 13. NAME Thurphia D. Elmwood

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Miss. Miss.

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

17. INFORMANT (ADDRESS)
Mattie Washington 906 E. Rear Audition

18. BURIAL, CREMATION, OR REMOVAL PLACE
City Cemetery DATE Jan. 5th 1933

19. UNDERTAKER (ADDRESS)
Raney Funeral Service 2744 Olive St.

20. FILED JAN 5 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd 1933
22. I HEREBY CERTIFY That I attended deceased from 6 Dec 32 to 3 Jan 33, 1933
I last saw him alive on 2 Jan 33, 1933 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia
La grippe
Date of onset 20 Dec

Name of operation none (Date of) none
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) [Signature] M. D.
(Address) 1908 Meramec St. St. Louis, 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.

