

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.

1990
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1. PLACE OF DEATH

49 County Jasper Registration District No. 417
11 Township Wells Primary Registration District No. 7021
7 City Wells City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4

2. FULL NAME

Miss Elizabeth Lively
(a) Residence, No. 714 W. Broadway 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25 1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Canada</u>		
MOTHER	13. NAME <u>John Goodfellow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
	15. MAIDEN NAME <u>Margaret Cross</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Miss Elizabeth Lively</u> <u>Wells City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wells Home</u> DATE <u>1/16</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Wells City, Mo</u>		
20. FILED <u>1/16</u> 19 <u>33</u> <u>R. M. Starnum</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Jan 13 1933
I last saw her alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset _____

Other contributory causes of importance:
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Name of operation _____ 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? _____
If so, specify R. M. Starnum M. D.
(Signed) Wells City, Mo
(Address) Wells City, Mo

