

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

Do not use this space.

8368

**1. PLACE OF DEATH**

57 County Lincoln  
Township Elberry  
City Elberry

Registration District No. 486  
Primary Registration District No. 4293

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

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

Widow

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 31 - 1846

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
86	5	24	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

McCaysville, Pa

**10. NAME OF FATHER**

David Henderson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

V.A.

**12. MAIDEN NAME OF MOTHER**

Hannah Steedly

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

V.A.

**14. INFORMANT**

(Address)

Mrs Emma Wrapp, Elberry, Mo

**15. FILED**

\_\_\_\_\_ 19\_\_

3-10-1933 C. E. Powell

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb. 20th 1933

**17. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_

Nov. 30, 1932, to Feb. 20th 1933

that I last saw her alive on Feb. 18, 1933, and that death occurred, on the date stated above, at \_\_\_\_\_

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

97 Uremia  
13213 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY (SECONDARY)** Arteriosclerosis  
(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) C. E. Powell, M. D.  
, 19 (Address) Elberry, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Hillsboro Cemetery 2/21 1933

**20. UNDERTAKER**

**ADDRESS**

W. B. Bradley Elberry, 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.

