

2 PM

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

Do not use this space.

12003

APR 24 1933

1. PLACE OF DEATH  
 99 County Scotland Registration District No. 810  
 Township Union Primary Registration District No. 6056  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ethel Lee Overfield  
 (a) Residence, No. \_\_\_\_\_ 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 OF RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46      2      11

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) Adair Co. Mo.

FATHER  
 13. NAME Grant Reid  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

MOTHER  
 15. MAIDEN NAME Irene Fortson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

17. INFORMANT (ADDRESS) Wallace Overfield  
Memphis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Laurel Ridge Mar 5 1933

19. UNDERTAKER (ADDRESS) W. B. Baskett  
Memphis

20. FILED 3/9 1933 C. G. Goussier Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1933, to Mar 3, 1933  
 I last saw her alive on Mar 3, 1933. Death is said to have occurred on the date stated above, at 1 P m.  
 The principal cause of death and related causes of importance were as follows:  
mitral insufficiency      Date of onset \_\_\_\_\_  
92 W  
113

Other contributory causes of importance:  
Influenza Dec 1st 1932

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) D. E. E. Symmonds  
 (Address) Memphis, Mo.

