

MAY 22 1933

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

Do not use this space.

12301

1. PLACE OF DEATH

County Barlow
Township Barlow
City Minden Mines Mo (No.)

Registration District No. 42
Primary Registration District No. H676
Minden Mo.

File No.
Registered No. 5
St. Ward

32. FULL NAME

(a) Residence. No. Elsie Short
Minden Mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 - 1910.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
23 3 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lone Jack Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. H. Lloyd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warsaw Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Helen Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia Mo.
(STATE OR COUNTRY)

14. INFORMANT Everett Short.
(Address) Minden Mo.

15. FILED 4/15 1933 Geo J. Fish
REGISTRAR

21 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10 1933.

17. I HEREBY CERTIFY That I attended deceased from April 6th, 1933, to April 10, 1933.
that I last saw her alive on April 10, 1933, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peronephymatous nephritis
diabetic M

CONTRIBUTORY (SECONDARY) diabetic M
(duration) 1 yrs. mos. ds.

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) Geo J. Fish, M. D.4/11, 1933 (Address) Minden Mines 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 Rose Bank Mulberry Ave DATE OF BURIAL 4-20 1933.

20. UNDERTAKER E. K. Smith Funeral Home ADDRESS Pittsburg Kan.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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