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

Do not use this space.

13094

1. PLACE OF DEATH
County Howard, Registration District No. 378
Township Primary Registration District No. 4222
City Fayette, (No. ..... St. ..... Ward)

File No.
Registered No. 52

2. FULL NAME Elizabeth Roberts Hern,

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

MAY 22 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Obe Hern,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/14/1841

7. AGE — Years: 91 — Months: 11 — Days: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. #
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): Missouri

FATHER
13. NAME: Thomas Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Sally Givens,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Paul Hern, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Walnut Ridge, DATE: 4/28/33, 19

19. UNDERTAKER (ADDRESS): Guy T. Halley, Fayette, Mo.

20. FILED 5/8, 1933 V. C. Bonham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/26/1933, 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1928, to 4-26, 1933. I last saw her alive on 4-25, 1933. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - left -	4-24-33

Other contributory causes of importance:

Hypostatic pneumonia	4-24-33

Name of operation None Date of
What test confirmed diagnosis Phy. finding 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) M. J. Shaw, M. D.
(Address) Fayette, Mo.