

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

Do not use this space.

17517

File No. _____
Registered No. 104
St. _____ Ward _____

JUN 29 1933

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. 928 N. Rollins)
2. FULL NAME Elizabeth Speer
(a) Residence, No. 928 N. Rollins 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? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 1853
7. AGE YEARS 77 MONTHS 11 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27th 1933
22. I HEREBY CERTIFY That I attended deceased from May 10 1932 to May 27 1933.
I last saw her alive on May 27th 1933. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
13. NAME Alexander Roy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
15. MAIDEN NAME Agnes Murdock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
17. INFORMANT Mrs R. G. Lichtenberger
(ADDRESS) Moberly
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE May 29 1933
19. UNDERTAKER Mrs. J. H. ...
(ADDRESS) Moberly Mo
20. FILED 5/29 1933 Thos. B. Fleming Registrar.

Date of onset _____
Causes of Intoxication
(Poisoning of Deceased (Calum))
Other contributory causes of importance: H6C
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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. P. ... M. D.
(Address) M. ...

Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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