

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

Do not use this space.

31870

1. PLACE OF DEATH

County Saline Registration District No. 994
 Township _____ Primary Registration District No. 3038
 City Marshall, Mo. (No. _____) St. Stephens (Ward _____)

File No. _____

Registered No. 126

2. FULL NAME Mrs. Elizabeth R. Hayes

(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.

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 10 10

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) West Grove
Mo.

13. NAME Sam Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green es.
Pennsylvania

15. MAIDEN NAME E. Virginia Tucker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairmount,
Virginia

17. INFORMANT Mrs. Russell (sister)
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Glen DATE Sept. 14 1933

19. UNDERTAKER (ADDRESS) J. H. Surry
Marshall, Mo.

20. FILED 7/11/33 19 Elizabeth R. Hayes
Registerar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11, 19 33

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23-, 1933, to Sept. 11, 1933

I last saw him alive on Sept. 11, 1933 Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Typhoid Fever Date of onset 8/12/33

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Tub- 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? No

If so, specify _____

(Signed) J. H. Conroy, M. D.

(Address) Marshall, Mo.

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.

OCT 20 1933

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