

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

Do not use this space.

**1. PLACE OF DEATH**

County Harrison Registration District No. 334  
Township Sherman Primary Registration District No. 0466  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 76 82828  
Registered No. \_\_\_\_\_

**2. FULL NAME**

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF S. Ellis Funderberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm

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) Nebraska

13. NAME Warren Mayo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison mo.

15. MAIDEN NAME Eliza Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison mo.

17. INFORMANT S. Ellis Funderberg  
(ADDRESS) Bethany mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Heath cemetery DATE 10-31 1933

19. UNDERTAKER (ADDRESS) S. M. Hays  
Bethany mo.

20. FILED 11-10 1933 W. J. Hays  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/28 1933, to 10/30 1933

I last saw her alive on 10/30 1933. Death is said to have occurred on the date stated above, at 10:50 m.

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

Child Birth, preceded by Hemorrhage postpartum Date of onset \_\_\_\_\_

Other contributory causes of importance: 144 10

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) Ernest L. Wood X D E

(Address) Bethany Mo.

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.

NOV 10 1933

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