

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

Do not use this space.

41119-6

APR 25 1934

1. PLACE OF DEATH

County Reynolds
 Township Black River
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 74 B
 Primary Registration District No. 5-2-5-0

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____
 (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.

Hattie May Elders Black Missouri

PERSONAL AND STATISTICAL PARTICULARS

3. SEX L 4. COLOR OR RACE sw 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. B. Elders
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 19
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inf.
 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

OCCUPATION

FATHER

MOTHER

INFORMANT

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER

FILED

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo.
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Berry Elders
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brown born DATE Dec 20
 19. UNDERTAKER (ADDRESS) none
 20. FILED 12/20 1933 Lucy Bomber
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1 1933, to Dec 19 1933
 I last saw him alive on same date 1933. Death is said to have occurred on the date stated above, at 9 P. m.

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

Nephritis Interstitial Date of onset

131

Other contributory causes of importance:

Coughing

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 _____
 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) J. R. Byrth M. D.
 (Address) Centerville Mo.

N. B.—Every item of information should be given in plain terms, so that it may be properly classified. **CAUSE OF DEATH** in plain terms, so that it may be properly classified. **CAUSE OF DEATH** in plain terms, so that it may be properly classified.

... of information and ...
... in order to ...
... of the ...

OR DEE ...
... ...

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHOTOCOPYING OF THIS FORM IS PROHIBITED. EXACT STATE CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of occupation, if any, is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AND AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER
(ADDRESS)

20. FILED

19

W. L. Bowles

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on to 19..... Death is said

to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) , M. D.

(Address)

S-41119-b