

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.

FEB 27 1934 Feller

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

Do not use this space.

866

1. PLACE OF DEATH

County Greene Registration District No. 324
Township Robinson Primary Registration District No. 5449
City (No. Willard Mo R2) St. _____ Ward _____

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

2. FULL NAME

Eliza Towe
(a) Residence, No. Willard Mo, R2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>John Towe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13 1870</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>0</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Competition Mo</u>		
13. NAME <u>James Massie</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Margrite Snow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Clayton H. Bell</u>		
18. BURIAL, CREMATION, OR DISPOSAL PLACE <u>Robinson Burial</u> DATE <u>Jan 8 1934</u>		
19. UNDERTAKER (ADDRESS) <u>F. L. Phynne</u>		
20. FILED <u>Jan 16 1934</u> Registrar <u>Mrs. Kay Freeman</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1934

22. I HEREBY CERTIFY That I attended deceased from 1-4 1934 to Jan 6 1934
I last saw her alive on Jan 6 1934 Death is said to have occurred on the date stated above, at 843 in _____
The principal cause of death and related causes of importance were as follows:
Acute Head failure due to Influenza & pneumonia Date of onset Jan 3
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) C. E. Feller _____ M. D.
(Address) Springfield Mo

