

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler
Township _____
City Glenwood (No. _____)

Registration District No. 805
Primary Registration District No. 4482

File No. 2 3572
Registered No. _____
St. _____ Ward _____

2. FULL NAME Elwira Belle Gorton

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Sam Gorton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 7-1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>1</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 _____

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1934
Nov HEREBY CERTIFY That I attended deceased from _____, 1933, to Jan 1, 1934
I last saw her alive on Dec 31, 1933. Death is said to have occurred on the date stated above, at 3:15 m.

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

Nephritis
132A
132B
Other contributory causes of importance: Infirmit of age

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? Yes
If so, specify _____
(Signed) V. R. Huson, M. D.

(Address) Glenwood, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monterey, Cal.</u>
	13. NAME <u>B. R. Montgomery</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Unity Locker</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	17. INFORMANT (ADDRESS) <u>Mr. Sam Gorton, Glenwood, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glenwood</u> DATE <u>Jan 2, 1934</u>	
19. UNDERTAKER (ADDRESS) <u>John A. Roberts, Lancaster, Mo.</u>	
20. FILED <u>Jan. 9, 1934</u> <u>Byrdie Drake</u> Deputy Registrar	

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 28 1934

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