

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.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Howard
 Township Chariton
 City Glasgow (No.)

Registration District No. 379
 Primary Registration District No. 4223

File No. 4734
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 70 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Banks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4 1854</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>7</u>
		DAYS
		<u>15</u>
If LESS than 1 day, ... hrs. or min.		
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) <u>1930</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami Mo.</u>		
13. NAME <u>Edolph Royer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unkensch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs. George E. Ebert Glasgow Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow Mo.</u> DATE <u>Feb. 24, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>The Divers & Audsley Glasgow Mo.</u>		
20. FILED <u>B-7</u> 1934 <u>Phonny Ryle</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 193422. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb 19, 1934I last saw him alive on Feb 19, 1935 Death is saidto have occurred on the date stated above, at 8 a.m.

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

Senility
infebrity
11/10
 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) W. R. Hawkins , M. D.
 (Address) Glasgow Mo.

