

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH
 45 County Howard Registration District No. 379
 Township Charton Primary Registration District No. 5-1-3
 City (No. 5-1-3) St. _____ Ward _____

File No. 8745

Registered No. _____
 St. _____ Ward _____

2. FULL NAME Cora Elizabeth Kivett
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 16 1934</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>3</u>	<u>1</u>		
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) <u>Howard County</u>				
FATHER	13. NAME <u>Samuel Kivett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Howard</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lena Crowley</u> <u>Howard County</u>			
17. INFORMANT (ADDRESS) <u>Samuel Kivett</u> <u>Glasgow Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richland Cemetery</u> <u>March 19 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Edmund Heller</u> <u>Glasgow Missouri</u>				
20. FILED <u>4/27</u> 19 <u>34</u> <u>Samuel Kivett</u> <u>Registrar</u>				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1934

22. I HEREBY CERTIFY That I attended deceased from 3-12 1934, to 3-17 1934.
 I last saw h. alive on 3-16 1934. Death is said to have occurred on the date stated above, at 11 A.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
11 A
107 A
11 A
 Other contributory causes of importance: Griffith

Date of onset	
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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) [Signature] M. D.
 (Address) Glasgow Missouri

