

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

Do not use this space.

**MAY 25 1934**

**1. PLACE OF DEATH**

County Callaway Registration District No. 104 File No. 12103  
Township Fulton Primary Registration District No. 5153 Registered No. 89  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Georgia Haden Vivian

(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>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 HUSBAND OF (OR) WIFE OF <u>Ivian Vivian</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1879</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>10</u>
	DAYS <u>20</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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Joel Haden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Dempie Duncan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Ferg. Hamilton Columba, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Triffersburg, Mo.</u> DATE <u>April 20, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. W. Wallace Fulton, Mo.</u>		
20. FILED <u>Apr. 20, 1934</u> <u>R. N. Crews</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 off and on to, 4/17/34, 1934

I last saw her alive on 4/17/34, 1934. Death is said

to have occurred on the date stated above, at 12:35 p.m.

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

**Insane, refused food and water for last two weeks, very much emaciated, but cause of death undetermined, if not gradual debilitation and starvation.**

Date of onset

Other contributory causes of importance:

**Insane brother, worry, hard work.**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 84 Was there an autopsy? 8

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

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? No  
If so, specify \_\_\_\_\_

(Signed) Greene D. McDaniel M. D.  
(Address) Fulton MO

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.

