

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

Do not use this space.

17285

1. PLACE OF DEATH

County Lafayette

Registration District No. 464

Township Shick Bar

Primary Registration District No. 5627

City Adelissa Mo. (No. 4077)

File No. 16

Registered No. 62

St.

Ward

2. FULL NAME

Elsie Pearl Alkins

(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 30 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. or min.

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)

Adelissa Mo.

FATHER

13. NAME

Jennys Alkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Adelissa Mo.

MOTHER

15. MAIDEN NAME

Leora M. Veece

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Adelissa Mo.

17. INFORMANT (ADDRESS)

Jennys Alkins

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Columbus Cemetery

5/30

19. UNDERTAKER (ADDRESS)

Blinn & Son

20. FILED

5-30

1934

Mrs. E. M. Gordon

Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-30, 1934, to 5-30, 1934.

I last saw her alive on 5-30, 1934. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

159

Date of onset

Premature (6 1/2 mos.)

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

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)

E. M. Veece

M. D.

(Address) Adelissa 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.

JUN 20 1934

