

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

Do not use this space.

23425

1. PLACE OF DEATH

County Butler Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff (No. Poplar Bluff Hospital) St. _____ Ward _____

File No. _____
Registered No. 145 St. _____ Ward _____

2. FULL NAME Elva L. Van Noy

(a) Residence, No. 814 Vine St. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 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 <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>John Van Noy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 21, 1908</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>2</u>	DAYS <u>20</u>
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) Bloomfield
(STATE OR COUNTRY) Missouri

FATHER 13. NAME J. L. Henderson

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

MOTHER 15. MAIDEN NAME Ada Hopkins

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

17. INFORMANT John Van Noy
(ADDRESS) 814 Vine St. Poplar Bluff, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cemetery DATE July 13, 1934

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Mo

20. FILED 7-14-1934 W. S. Bailey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to July 11, 1934
I last saw her alive on July 11, 1934 Death is said to have occurred on the date stated above, at 6 A. M.

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

Septicemia
Cause undetermined

Date of onset
6/10/34

Other contributory causes of importance:
Panophthalmitis

7/2/34

Name of operation Emputation Date of 7/2/34

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? No

If so, specify _____

(Signed) D. G. Blake M. D.

(Address) Poplar Bluff, Mo

La + other

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.

AUG 14 1934

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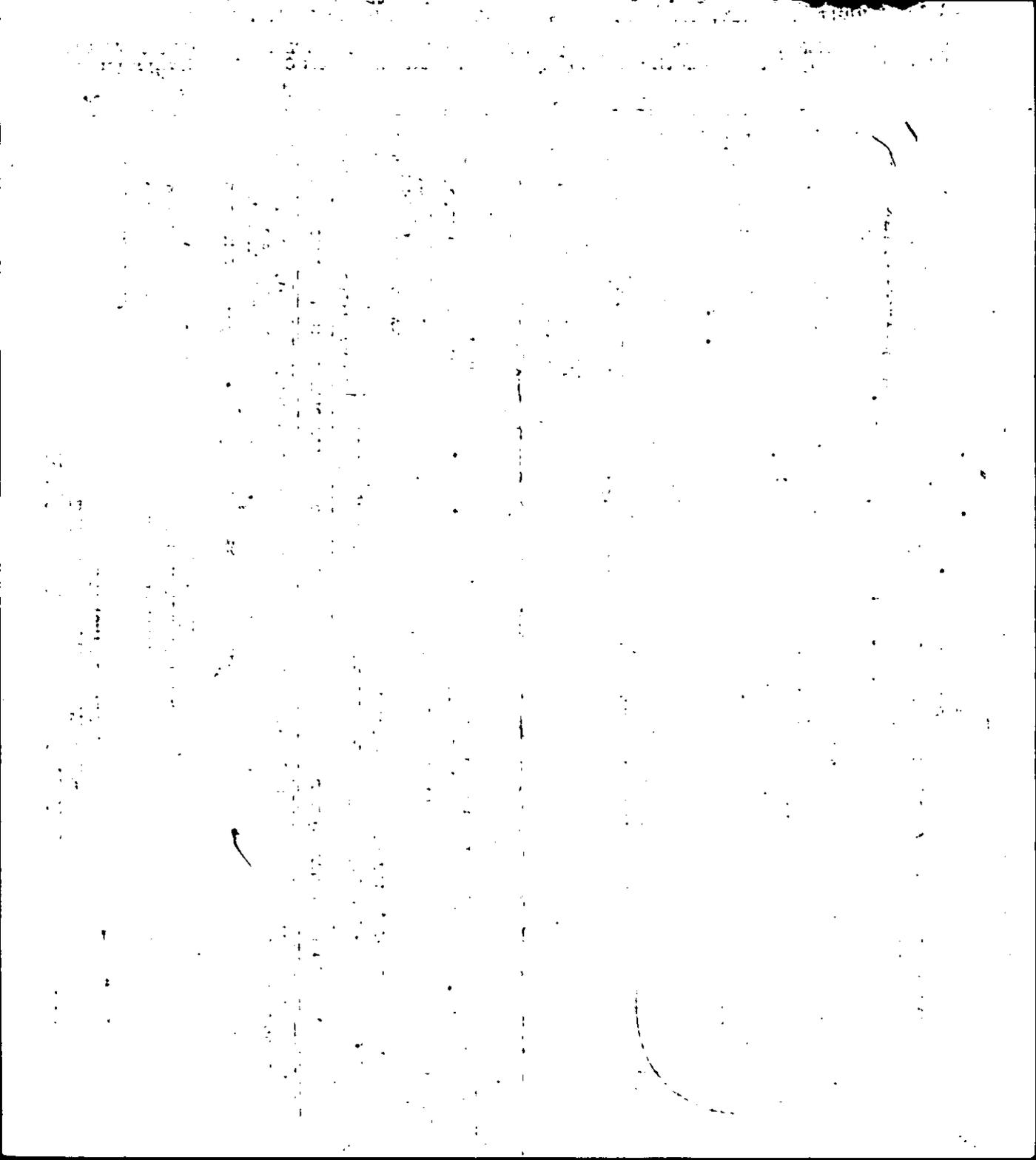
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#2 *Butler*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,

Special Agent,

Jefferson City, Mo.

145 -

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Eloa L. Van Noy*
Who died at _____ on *July 11 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *F* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *26* Months *2* Days *20*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month *3* Year *34*

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: *Septicemia - not due to trauma or foreign sublethal. Was not tuberculous or malignant. She had a case of gonorrhea about four weeks prior to her death but had recovered.*

Other contributory causes of importance *Pareopthalmitis*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar *W. S. Bailey*) Date filed *original - 7-14-34*
this certificate - 8-31-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *89* Very truly yours,

Primary Reg. Dist. No. *3007* *E. T. McLaugh, M.D.*

Special Agent. *N.*

100-100000



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