

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

Do not use this space.

1. PLACE OF DEATH

County Generty
Township Stout
City Stout (No.)

Registration District No. 314
Primary Registration District No. 4190

File No. 24078
Registered No. 26
St. Ward)

2. FULL NAME Mrs Elizabeth Flower

(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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1-1842
7. AGE YEARS 91 MONTHS 10 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Indiana

13. NAME James Stockton

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

15. MAIDEN NAME Monika Hylton

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

17. INFORMANT Hale Flower (ADDRESS) Stout Generty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stout Generty Mo DATE 7/27 38

19. UNDERTAKER Tatary Phelan (ADDRESS) Stout Generty Mo

20. FILED 7/26 19 34 Berna Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to July 25, 1934

I last saw her alive on June 1, 1934. Death is said to have occurred on the date stated above, at 8:20 P. m.

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

Coronary heart disease
92 M
92 M
56 E
92 M
92 M
Other contributory causes of importance: Rheumatism

Name of operation None Date of 7/25/34

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 7/25/34, 1934

Where did injury occur? at home (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 at home

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify at home
(Signed) F. J. H. Hylton, M. D.
(Address) Stout Generty Mo

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 24 1934

Dr. G. H. Huxley