

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

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

Do not use this space.

1. PLACE OF DEATH

County Livingston
Township Chillicothe
City Chillicothe (No.)

Registration District No. 5A F
Primary Registration District No. 3e 26

File No. 25387
Registered No. 102
St. Ward)

2. FULL NAME

(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. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Elix</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know 1879</u>		
7. AGE	YEARS	MONTHS
<u>107</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</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) <u>July 1924</u>	
11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know Va.</u>		
MOTHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "	
	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "	
17. INFORMANT <u>Dr. Barney Chillicothe, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>South Cem</u> DATE <u>July 28 1934</u>		
19. UNDERTAKER <u>Memphrey Chillicothe, Mo</u>		
20. FILED <u>July 28 1934</u> <u>Ronald H. Danell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22 1934 to July 27 1934
I last saw him alive on 7-26 1934 Death is said to have occurred on the date stated above, at 19
The principal cause of death and related causes of importance were as follows:
Intestinal Diarrhea & Bronchitis
Date of onset 5/27/1934

Other contributory causes of importance:
106 D
120 B
162
Scarcity

Name of operation None Date of 5/27/1934
What test confirmed diagnosis Biological 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 Reuben Barney, M. D.
(Signed) Chillicothe, Mo
(Address)

