

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 20 1934

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

Do not use this space.

25462

1. PLACE OF DEATH
 County Marion Registration District No. 1-1-1
 Township Jefferson Primary Registration District No. 1-1-38
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Mrs. Elizabeth Durbin
 (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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

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) Blount Mo

MOTHER FATHER

13. NAME Dave Credner

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

15. MAIDEN NAME Shackley

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

17. INFORMANT Mrs. Lucy Shackley
 (ADDRESS) Blount Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Oak DATE July 16, 1934

19. UNDERTAKER H. L. Luskien
 (ADDRESS) Blount Mo

20. FILED Aug 10, 1934 Mrs. Edward Johnson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 12, 1934
 I last saw her alive on July 12, 1934. Death is said (to have occurred on the date stated above, at 5 P. M.)
 The principal cause of death and related causes of importance were as follows:

Gastro-enteritis,
acute

Other contributory causes of importance:
120 B 120 B

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 _____, 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? _____
 If so, specify _____
 (Signed) J. J. Furrill M. D.
 (Address) Blount Mo

470 24

#2 *Marie*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

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: Mrs. Elizabeth Durbin
Who died at _____ on July - 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex 7 Color or race W Single, ~~married~~, widowed or divorced: _____

Date of birth Sept 21 1860 Age:) Years 73 Months 9 Days 23

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 _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance _____
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 Mrs. Lenora Johnson Date filed _____

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. 541
Primary Reg. Dist. No. 5730

Very truly yours,
E. T. McGaugh, M.D.
Special Agent.

S-25462