

SEP 18 1934

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

Do not use this space.

30461

1. PLACE OF DEATH

County PutnamRegistration District No. 716Township UnionPrimary Registration District No. 5947

City

(No.

St.

Ward)

2. FULL NAME

Elizabeth Jane Cormery

(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

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFA. O. Cormery

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

4-5-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.73425

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

13. NAME

Geo Hudson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

15. MAIDEN NAME

Anna Hurley16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

17. INFORMANT

(ADDRESS)

A. O. Cormery

18. BURIAL, CREMATION, OR REMOVAL

PLACE Unionville, Mo. DATE Aug 21, 1934

19. UNDERTAKER

(ADDRESS)

F. O. Sustel & Son
Unionville, Mo.

20. FILED

Aug 31, 1934J. W. Gilliam

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Aug 24, 1934 to Aug 30, 1934I last saw him alive on Aug 27, 1934 Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Cystitis, Chronic

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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

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)

J. W. Hoffman, M.D.
Unionville, 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.

