

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

Do not use this space.

JAN 8 1935

40063

1. PLACE OF DEATH

County Miller
Township Jim Henry
City St. Elizabeth, Mo. (No.)

Registration District No. 6
Primary Registration District No. 5759B

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. near St. Elizabeth Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S. (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 1 9

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) St. Elizabeth, Mo.

13. NAME Ed Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co.

15. MAIDEN NAME Anna Hake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co.

17. INFORMANT Ed Clark (ADDRESS) St. Elizabeth, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence, Mo. DATE Nov 25, 1934

19. UNDERTAKER J. G. Osterhoff (ADDRESS) Miller Co.

20. FILED 1124 1934 John B. Schaefer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1934 to Nov. 24, 1934

I last saw her alive on Nov. 20, 1934. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Typhoid Fever

Other contributory causes of importance:

Name of operation - (Date of) -
What test confirmed diagnosis? Widal Was there an autopsy? 2

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

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) L. M. Garner, M. D.
(Address) Lawrence, 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.

