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.

DEC 19 1934

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

Do not use this space.

File No. 40326

Registered No.

1. PLACE OF DEATH
County Phelps Co
Township ~~St. James~~
City St. James Hospital
Registration District No. 678
Primary Registration District No. 4704
St. Ward)

2. FULL NAME Mrs. R. W. Dent

(a) Residence, No. Salem Mo. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: R. W. Dent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15 1902

7. AGE: 32 YEARS, 5 MONTHS, 7 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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): Dent County, Mo.

FATHER
13. NAME: William P. Elmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County, Mo.

MOTHER
15. MAIDEN NAME: Amie Addleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Mo

17. INFORMANT (ADDRESS): R W Dent Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Grove Cem DATE: 11/25/34 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED 11. 22, 1934 Henry F. Wolters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1934, to Nov 22, 1934
I last saw her alive on Nov 22, 1934 Death is said to have occurred on the date stated above, at 8 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Postpartum Hemorrhage	
Eclampsia (Postpartum)	
14 A	

Other contributory causes of importance:
Nephritis & Multiple Pregnancy

Name of operation no Date of no
What test confirmed diagnosis Clinic Labs Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify no
(Signed) [signature], M. D.
(Address) St James Mo