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.

JUL 24 1935

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

Do not use this space.

20255

1. PLACE OF DEATH
County Lawrence — Registration District No. 470 — File No.
Township Mt Vernon North — Primary Registration District No. 5633 — Registered No. 55
City Mt Vernon Mo (No. , St. Ward)

2. FULL NAME Elizabeth Auxier
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED (write the word)~~ widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William D. Auxier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 1863

7. AGE YEARS 71 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
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. Farm
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Illinois~~ Indiana

FATHER
13. NAME John Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Passmoore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Chas Moore Mt Vernon Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Salem Cem DATE June 9 1935

19. UNDERTAKER (ADDRESS) Geo. B. Orr Mt Vernon Mo

20. FILED June 9, 1935 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Saw and Grammed body, 19
I last saw h alive on June 7, 1935. Death is said to have occurred on the date stated above, at 9:15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably sudden heart failure	
Other contributory causes of importance: measles - about	4-15-35

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, 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
(Signed) P A Holmes, M. D.
(Address) Mt Vernon