

AUG 17 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

23605

## 1. PLACE OF DEATH

County LincolnRegistration District No. 486Township ElsterryPrimary Registration District No. 4293City Elsterry (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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)

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

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

June 20 1935

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 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 occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shen Westford Mo

## 13. NAME

Wm. Allaway

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Elsterry Mo

## 15. MAIDEN NAME

Orvela Myers

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Gagetown Mo

## 17. INFORMANT

(ADDRESS)

Wm. Allaway Elsterry Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elsterry Mo

DATE

July 12 1935

## 19. UNDERTAKER

(ADDRESS)

Wm. Braden Elsterry Mo

## 20. FILED

8-10

1935

C. E. Powell

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

July 11 1935

## 22. I HEREBY CERTIFY, That I attended deceased from

July 8 1935, to July 11 1935I last saw him alive on July 11 1935 Death is saidto have occurred on the date stated above, at 1 P.M.

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

Passive congestion lungs and kidneys

Date of onset

7/7/35

## Other contributory causes of importance

Probable subacute stenosis

## Name of operation

Date of

What test confirmed diagnosis? none 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)

F. V. Keeling

M. D.

(Address)

Elsterry Mo

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.

