

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.

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

Do not use this space.

NOV 18 1935

31890

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001  
City St Joseph (No. State Hospital #2) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Rebecca Elden  
(a) Residence, No. State Hospital #2 St. \_\_\_\_\_ Ward. Kingsville Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. 7 mos. 4 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>About 80</u>	<u>7</u>	<u>unkn</u>	<u>now</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Records Dept St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Orwick Mo DATE Oct. 9 1935

19. UNDERTAKER E. R. Sidenfaden (ADDRESS) 602 South 10th St

20. FILED 10-9-35 John L. Bender Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1935

22. I HEREBY CERTIFY, That I attended deceased from admitted State Hospital 3/4 1915 to Oct 8 1935. I last saw him alive on Oct 8 1935. Death is said to have occurred on the date stated above, at 8:45 p.m. The principal cause of death and related causes of importance were as follows:  
Voluntary descending Colon Date of onset 10/7/35

Other contributory causes of importance:  
Chronic myocarditis 1915

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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) Dr. Clefton Smith M. D.  
(Address) State Hospital #2 Kingsville Mo

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