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.

JAN 20 1936

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

Do not use this space. 33733-4 (3)

1. PLACE OF DEATH
County: Ripley — Registration District No. 751 — File No. 43
Township: Eleven — Primary Registration District No. 5996 — Registered No. 1296
City: Doniphan — (No. ..., ... St. ..... Ward)

2. FULL NAME: Ola May Elmore

(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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Leo Elmore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1920
7. AGE: Years 15 — Months 4 — Days 4 — 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): Success Ark.

FATHER
13. NAME: Cal. B. Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Ky

MOTHER
15. MAIDEN NAME: Lizzie Asher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albion Ill.

17. INFORMANT (ADDRESS): Lizzie Adams
18. BURIAL, CREMATION, OR REMOVAL: New Hope
PLACE: Oxly R.R. DATE: Oct. 17 1935
19. UNDERTAKER (ADDRESS): Russman Gusty Naylor Mo
20. FILED: 1/10 1936 — W. Eewbank, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 14 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935 to Oct 14, 1935
I last saw her alive on Oct 10, 1935. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	

Other contributory causes of importance:

Name of operation: no — Date of: —
What test confirmed diagnosis? clinical — 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) W. Ewbank, M. D.
(Address) Naylor Mo.