DEC 16 1935

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

Do not use this space.

38494

5 4 1

1. PLACE OF DEATH
County Barry — Registration District No. 31 — File No.
Township — Primary Registration District No. 4022 — Registered No. 36
City Purdy (No. , St. Ward)

2. FULL NAME Eliza Melrose Fey
(a) Residence, No. 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: Monroe Fey.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 26/85

7. AGE: 80 ~~79-80~~ YEARS — MONTHS: 4 — DAYS: 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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

2 2 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kingston Ark.

FATHER
13. NAME: Mace Combs.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Margaret Hogan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Monroe Fey Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Purdy DATE Dec. 12 1935

19. UNDERTAKER (ADDRESS): Blankenship

20. FILED 12-16 1935 Mattie Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 11th, 1935, to Dec 10th, 1935
I last saw her alive on Dec 10th, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Neuritis (Herpe Zoster)

Other contributory causes of importance:
Old Age General
Break Down

Name of operation — Date of
What test confirmed diagnosis? — 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) B B Kelly, M. D.
(Address) Purdy 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD