

FEB 24 1936

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

Do not use this space.

2715

1. PLACE OF DEATH
County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
Near Farmington, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Lorena Elfrank
Oran, Mo.
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Elfrank
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 1 225

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3- 1936
22. I HEREBY CERTIFY, That I attended deceased from 3-5- 1936, to 1-3- 1936
I last saw her alive on 1-3-36, 19____. Death is said to have occurred on the date stated above, at 5:40A m.
The principal cause of death and related causes of importance were as follows:

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 _____

Dementia Praecox (Chronic Exhaustion) Date of onset _____
Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) New Hamburg (STATE OR COUNTRY) Mo.
13. NAME Jacob Urhan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Mary Hahn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE New Hamburg Gate from 6th 1924

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 _____

19. UNDERTAKER Stubbs Funeral Home (ADDRESS) Chaffee
20. FILED Jan 3 1936 J. Robinson Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) G. Tibb Graves, Jr., M. D.
(Address) Farmington, 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

