

APR 21 1936

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

Do not use this space.

11419

1. PLACE OF DEATH

County LincolnRegistration District No. 486

Township

Primary Registration District No. 4273City Elsbury (No. _____)

File No. _____

Registered No. 6

St. _____ Ward)

2. FULL NAME

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 29

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) Elsberry, Mo.13. NAME Elisha Braxton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln county Mo.15. MAIDEN NAME Addie Rose16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsberry, Mo.17. INFORMANT (ADDRESS) Elisha Braxton
Elsberry, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bury Mitchell Cem. DATE Mar. 13, 193619. UNDERTAKER (ADDRESS) Clifton Miller
Elsberry, Mo.20. FILED 4-10 1936 G. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7⁰⁰ m.

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

this baby was found dead in back of parents - probably Bronchial pneumonia.Other contributory causes of importance: 11a

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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) D. V. Steeline M. D.(Address) Elsberry, 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.

