

MAY 25 1936

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

Do not use this space.

16430

1. PLACE OF DEATH

County Pike  
Township Buffalo  
City                      (No.                     )

Registration District No. 689  
Primary Registration District No. 5917

File No.                       
Registered No.                      St.                      Ward)                     

2. FULL NAME Elizabeth Rose

(a) Residence, No.                      St.                      Ward.                       
(Usual place of abode)

Length of residence in city or town where death occurred 41 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 P. R. ROSE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 12

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                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby, Mo

13. NAME Robert Colvin

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

15. MAIDEN NAME Melina Baxter

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

17. INFORMANT (ADDRESS) P. R. ROSE  
Lansiana, Mo 67051

18. BURIAL, CREMATION, OR REMOVAL PLACE Worship DATE April 26, 1936

19. UNDERTAKER (ADDRESS) W. F. Buda  
Lansiana, Mo

20. FILED 4-30-36 F. C. Haley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24, 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 11:00 a.m.

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

Accidental Drowning Date of onset 4/24/36

Fell in a well, became dizzy and fell through rotting board

Other contributory causes of importance: 183

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? Accident Date of injury 4/24, 1936

Where did injury occur? Lansiana, Mo R 115  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Fell in a well  
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?                       
If so, specify                     

(Signed) J. H. Matthews M. D.  
(Address) 23 Worthing Green 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.

