

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

Do not use this space.

27315

AUG 22 1936

1. PLACE OF DEATH

County Marion Registration District No. 5747
 Township Marion Primary Registration District No. 3076
 City Hannibal Mo. (No. 2618) Rind. (If nonresident, give city or town and State)
 St. _____ Ward _____

2. FULL NAME

Loretta Elzea
 (a) Residence, No. 2618 J Rind 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy. D. Elzea</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1876</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Macon Co. Mo.</u>		
FATHER	13. NAME <u>Mathew Hally</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Bettie Mc Gee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Ms Roy D. Elzea Hannibal Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grandview</u> DATE <u>July 12 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Wm M Smith 902 Broadway, Hannibal Mo</u>		
20. FILED <u>July 15 1936</u> <u>H. C. Gruber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1936

22. HEREBY CERTIFY, That I attended deceased from April 25 1936 to July 10 1936
 I last saw h. alive on July 10 1936. Death is said to have occurred on the date stated above, at 10:35 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Right side Paralysis - including speech & muscles of throat
 Date of onset 4/25/36

Other contributory causes of importance:
Hypertension - for 15 yrs.
gga

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) H. B. Norton _____, M. D.
 (Address) Hannibal 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.

L. J. Norton

