

OCT 22 1936

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

Do not use this space.

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## 1. PLACE OF DEATH

County Lafayette Registration District No 461  
Township Lexington Primary Registration District No. 3024  
City Lexington (No. ...., ..... St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME Elma Ann Block

(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 14 hrs. or ..... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Lexington, Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME Elmer F. Block  
14. BIRTHPLACE (CITY OR TOWN) Wellington, Mo.  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Vera A. Bertrand  
16. BIRTHPLACE (CITY OR TOWN) Dover, Mo.  
(STATE OR COUNTRY)

17. INFORMANT Elmer F. Block  
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington, Mo. DATE Sept. 19, 1936

19. UNDERTAKER Winkler,  
(ADDRESS) Lexington, Mo.

20. FILED Sept 19 36 Jays B. Bate  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18 1936 to Sept. 18 1936  
I last saw her alive on Sept. 18 1936 Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Injury caused by instrument delivery at berth. Date of onset

Other contributory causes of importance:

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) J. J. Cople, M. D.  
(Address) Lexington

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.

