

DEC 4 1936

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

Do not use this space.

40006

1. PLACE OF DEATH

County Saline Registration District No. 796 File No.
Township Primary Registration District No. 3038 Registered No. 197
City Marshall No. Fitz Gibbon Trng. St. Ward)

2. FULL NAME

Novis Gene Elspaw
(a) Residence, No. 528 N Jefferson St. Ward. (If nonresident, give city or town and State)
(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.

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) May 19-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 0 0

OCCUPATION
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) Marshall Mo.

MOTHER FATHER
13. NAME William J. Elspaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

15. MAIDEN NAME Lola G. Brubaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller Co. Mo.

17. INFORMANT (ADDRESS) Novis G. Elspaw Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Oct 21 1936

19. UNDERTAKER (ADDRESS) P. D. Campbell Marshall Mo.

20. FILED Oct 21 1936 Helen Huston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1936 to Oct 19 1936

I last saw her alive on Oct 19 1936 Death is said to have occurred on the date stated above, at 9:38 m.

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

Influenza Date of onset 10/16/36

Other contributory causes of importance None

Name of operation None Date of None

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? None 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 None

(Signed) Helen Huston, M. D.

(Address) Marshall Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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11