

DEC 29 1936

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

Do not use this space.

41952

1. PLACE OF DEATH

County Marion Registration District No. 578
Towship Clay Primary Registration District No. 5782
City Granville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 378

2. FULL NAME

Elizabeth Lee Furnish

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. M. Furnish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Marion Mo.

13. NAME John W. Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johns Creek Missouri

15. MAIDEN NAME Sahara Bour

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo.

17. INFORMANT T. M. Furnish (ADDRESS) Paris R. F. D. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Holliday DATE Nov. 12, 1936

19. UNDERTAKER Fred A. Thompson (ADDRESS) Madison Mo.

20. FILED 11/11 Logan Enson Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1st - 1936 to Nov 10, 1936

I last saw her alive on Nov 10, 1936 Death is said to have occurred on the date stated above, at 10 P. m.

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

Enterocolitis Date of onset _____

Other contributory causes of importance: Permeable Arteries

Name of operation None Date of _____

What test confirmed diagnosis? Culture 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) J. G. Furnish, M. D. (Address) Shelburny 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.

WRITE PLAINLY, WITH CAPITAL LETTERS TO THE FIRST LETTER OF EACH WORD. DO NOT WRITE IN RED INK. DO NOT WRITE IN PENCIL. DO NOT WRITE IN CURVED OR SLANTING LINES. DO NOT WRITE IN SMALL LETTERS. DO NOT WRITE IN UNUSUAL PLACES. DO NOT WRITE IN THE MARGINS. DO NOT WRITE IN THE SPACES BETWEEN LINES. DO NOT WRITE IN THE SPACES BETWEEN COLUMNS. DO NOT WRITE IN THE SPACES BETWEEN SECTIONS. DO NOT WRITE IN THE SPACES BETWEEN PAGES. DO NOT WRITE IN THE SPACES BETWEEN COPIES. DO NOT WRITE IN THE SPACES BETWEEN BUNDLES. DO NOT WRITE IN THE SPACES BETWEEN BOXES. DO NOT WRITE IN THE SPACES BETWEEN TUBES. DO NOT WRITE IN THE SPACES BETWEEN ROLLS. DO NOT WRITE IN THE SPACES BETWEEN SHEETS. DO NOT WRITE IN THE SPACES BETWEEN PAGES. DO NOT WRITE IN THE SPACES BETWEEN COPIES. DO NOT WRITE IN THE SPACES BETWEEN BUNDLES. DO NOT WRITE IN THE SPACES BETWEEN BOXES. DO NOT WRITE IN THE SPACES BETWEEN TUBES. DO NOT WRITE IN THE SPACES BETWEEN ROLLS. DO NOT WRITE IN THE SPACES BETWEEN SHEETS.

