

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

Do not use this space.

47382

JAN 27 1937

1. PLACE OF DEATH

County SULLIVAN

Township Duncan

City..... (No....., Ward.....)

Registration District No. 852

Primary Registration District No. 6121

File No.....

Registered No.....

St..... Ward.....

2. FULL NAME Mary Elizabeth Bingham

(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 37 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF William Bingham
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September, 24, 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

3

2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home on Farm

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) Monroe County
(STATE OR COUNTRY) Kentucky.**

13. NAME Chafin D. Compton.

**14. BIRTHPLACE (CITY OR TOWN) S. Carolina.
(STATE OR COUNTRY)**

15. MAIDEN NAME Rebecca Gramling.

**16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)**

**17. INFORMANT Elmer Morelock,
(ADDRESS) Browning, Missouri.**

18. BURIAL, CREMATION, OR REMOVAL

Gramling Cem., Milan, Mo. Dec. 27, 1936

**19. UNDERTAKER C. A. Schoene,
(ADDRESS) Milan, Missouri.**

**20. FILED Jan 3 1937 Cleo Hagan
Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from

1930 to Dec 23, 1936

I last saw him alive on Dec 23, 1936. Death is said

to have occurred on the date stated above, at 6 a.m.

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

Myocarditis

Date of onset 12/15

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) E. H. Jackson, M. D.

(Address) Milan, 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.

