

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

57
1
9
JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County **Livingston**

Registration District No. **508**

Township

Primary Registration District No. **3026**

City **Chillicothe**

(No.)

St.

Ward)

File No. **24193**

Registered No. **88**

2. FULL NAME Mrs. Eleanor Alice Ware

(a) Residence, No. **812 Leeper** St., **4th** 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Widowed

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

Clinton Ware

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 13, 1844**

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day,hrs. ormin.

93

0

1

OCCUPATION

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

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) **Chariton County**
(STATE OR COUNTRY) **Missouri**

FATHER

13. NAME **Steven Bills**

14. BIRTHPLACE (CITY OR TOWN) **England**
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Harriett Boone**

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

17. INFORMANT **Noah M. Ware**
(ADDRESS) **Chillicothe, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cricket, Ark.** DATE **June 17**, 19 **37**

19. UNDERTAKER **F. B. Norman**
(ADDRESS) **Chillicothe, Mo.**

20. FILED **JUN 17**, 19 **37** **W. G. W. State** Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **June 1**, 19 **36** to **June 14**, 19 **37**

I last saw her alive on **June 14**, 19 **37**. Death is said

to have occurred on the date stated above, at **6:00pm**

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

Mitrol Regurgitation.

Date of onset
1935

Other contributory causes of importance:
Chronic Myocarditis **1935**

Name of operation **None** Date of
What test confirmed diagnosis? **Clinical** 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) **W. G. W. State**, M. D.
(Address) **Chillicothe**

