

AUG 23 1937

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

Do not use this space.

27159

1. PLACE OF DEATH

County Franklin
Township Prairie
City Lane (No. 174)

Registration District No. 294
Primary Registration District No. 5418

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 11 11 11

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) Franklin Co. Mo
(STATE OR COUNTRY)

13. NAME Eldon Bliss

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

15. MAIDEN NAME Fannie Hawkins

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

17. INFORMANT Eldon Bliss
(ADDRESS) 2nd St. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prosp. Co. DATE July 18 1937

19. UNDERTAKER Casey & Co.
(ADDRESS) St. Clair Mo

20. FILED July 18 1937 W. E. Mitchell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 193722. I HEREBY CERTIFY That I attended deceased from July 17 - 1937 to July 17 1937I last saw him alive on July 17 1937 Death is said to have occurred on the date stated above, at 7:12 a.m.

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

See Colitis
1198
Date of onset 7/12

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Plum Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19...Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify None(Signed) W. E. Mitchell, M. D.(Address) St. Clair

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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