

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Andrew*

Registration District No. *9*

File No. *29983*

Township *Benton*

Primary Registration District No. *4009*

Registered No. _____

City *Rosendale Mo* (No. _____)

St. _____ Ward _____

2. FULL NAME *Lizzie V. Deaton*

(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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *K. C. Deaton*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 15-1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *57 0 23*

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) (STATE OR COUNTRY) *Andrew co Mo*

13. NAME *Harrison Harrow*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME *Ellen Lewis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) *K. C. Deaton Rosendale mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Savannah* DATE *9-10* 1937

19. UNDERTAKER (ADDRESS) *E. B. Breit Savannah mo*

20. FILED 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-8*, 1937

I HEREBY CERTIFY, That I attended deceased from *Aug 31*, 1937, to *Sept 8*, 1937

I last saw _____ alive on _____, 1937. Death is said to have occurred on the date stated above, at _____

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

Carcinoma of lung Date of onset *1936*

Other contributory causes of importance: *47*

Name of operation *none* Date of _____

What test confirmed diagnosis *infected* 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 *none*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *W. P. Deaton*, M. D.

(Address) *Rosendale mo*



