OCT 23 1937

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

Do not use this space.

34991

1. PLACE OF DEATH
County Phelps
Township Arlington
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 674
Primary Registration District No. 5899

File No. .....
Registered No. 29

2. FULL NAME Missouri Elizabeth affolter

(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 Lewis affolter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	6	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Vida Mo.

FATHER
13. NAME John W. Grayson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vida Mo

MOTHER
15. MAIDEN NAME matilda woolsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County Mo.

17. INFORMANT (ADDRESS) Ellis Grayson Newburg Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mount Olive DATE Aug 19 1937

19. UNDERTAKER (ADDRESS) Lee Johnson Newburg Mo

20. FILED 8-18 1937 B T Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P.m. 8-17-37
The principal cause of death and related causes of importance were as follows:

	Date of onset
accident by being struck by lighting and dressing body	

Other contributory causes of importance:

192

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8-17, 1937
Where did injury occur? On highway 66 West of nearest junction 2 miles
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On highway 66
Manner of injury Struck by lighting
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Oral E Lichlider Coroner, ~~M. D.~~
(Address) St James 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.