

REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Andram Hospital Registration District No. 26
 Township Salt River Primary Registration District No. 3002
 City Mexico, Mo. (No. Andram Hospital) St. _____ Ward)

File No. 13913
 Registered No. 58

2. FULL NAME

Florence Love Bane
 (a) Residence, No. Benton City Mo R.F.D. 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 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 Carl Bane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13-1881

7. AGE YEARS 56 MONTHS 10 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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) Montgomery Co, Mo.

13. NAME Elijah P. Love

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

15. MAIDEN NAME Sarah Penn

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

17. INFORMANT Carl Bane (ADDRESS) Benton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE 4/10 1938

19. UNDERTAKER Hughes Maupin (ADDRESS) Auxvasse Mo.

20. FILED April 9 1938 Blanche Heely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1938 to April 8 1938

I last saw her alive on April 8 1938 Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Acute Coronary Embolism fat. Date of onset

Other contributory causes of importance: Fractured femur, left intertrochanteric Diabetes

Name of operation none Date of _____

What test confirmed diagnosis Ship findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 7/8/38

Where did injury occur? at home Callaway Co Mo (Specify city or town, county, and State)

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

Manner of injury Fall to ground because of step

Nature of injury Fracture of femur

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

If so, specify _____

(Signed) A. C. Brashers M. D.

(Address) Mexico Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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