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.

REC'D JUL 11 1938

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

Do not use this space.

21233

File No. 94

Registered No.

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH
County: Audrain
Township: Salt River
City: Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME: Elsie Viola Everts
(a) Residence, No. Laddonia Mo R.F.D. 163 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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Kendrick Levi Everts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8-1853

7. AGE: Years 84 Months 9 Days 20 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
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) 1937
11. Total time (years) spent in this occupation Lots

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER
13. NAME William Gobdell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..

17. INFORMANT (ADDRESS) Mr Walter Everets Laddonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little by Bp Ch DATE June 30 1938

19. UNDERTAKER H. G. Grainger (ADDRESS) Laddonia Mo

20. FILED June 28 1938 B Pauline Neely Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1938, to June 28, 1938
I last saw her alive on June 27, 1938. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of neck of left femur | 5-24-3 1938 |

Other contributory causes of importance:
Arteriosclerosis,

Name of operation ..... Date of .....
What test confirmed diagnosis? X.Ray 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 5-24-, 1938
Where did injury occur? Laddonia Mo.R.F.D.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At her home. She fell out of chair.
Manner of injury Fell from chair.
Nature of injury Fracture of neck of left form

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) W.K. McGeach, M. D.
(Address) Laddonia Mo.