

SEP 28 1938

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

Do not use this space.

29,887

1. PLACE OF DEATH

County St. Clair
Township Osage
City Oceola

Registration District No. 765
Primary Registration District No. 6266

File No. _____
Registered No. 14

2. FULL NAME

Elizabeth P. Markham 675
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-24-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

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) Dec-1907 11. Total time (years) spent in this occupation 50yr

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

13. NAME N. P. Markham

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

15. MAIDEN NAME Nancy Brown

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

17. INFORMANT H. F. T. Markham (ADDRESS) Edwards Springs, Mo. 112

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Grove DATE 9/9 1938

19. UNDERTAKER Gwynn Siders (ADDRESS) Edwards Springs, Mo.

20. FILED 9/9 1938 with Siders Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1938, to Aug 8 1938

I last saw him alive on Aug 7 1938. Death is said to have occurred on the date stated above, at 1 P. m.

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

Central Stomach

Other contributory causes of importance:

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? _____ Date of injury _____ 1938

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. P. Graham, M. D.

(Address) Oceola, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7

District File Number 7-38-15

Date Filed 9-16-38