

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 MAR 16 1939

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

Do not use this space.

6680

1. PLACE OF DEATH *Chariton* Registration District No. *31955*
County *Chariton* Primary Registration District No. *4223*
Township *Chariton* City *Chariton* (No. *1*) St. *Mo.* Ward *1*
2. FULL NAME *Elizabeth Mary Aholt*
(a) Residence, No. *1* St. *Mo.* Ward *1*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *47* 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) *Widowed*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 1, 1860*
7. AGE YEARS *74* MONTHS *8* DAYS *8* 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) *Warren County Missouri*
13. NAME *Bernard Boncker*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hermann Mo.*
15. MAIDEN NAME *Not Known*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not Known*
17. INFORMANT *John Aholt*
(ADDRESS) *Elizabethton, Mo.*
18. BURIAL, CREMATION, OR REMOVAL
PLACE *Washington cemetery Feb. 13, 1939*
19. UNDERTAKER *Miller & Friesmuth*
(ADDRESS) *Elizabethton, Mo.*
20. FILED *2-13* 19 *39* *J. W. Gardner*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 9*, 19 *39*
22. I HEREBY CERTIFY, That I attended deceased from *1-1*, 19 *39*, to *2-9*, 19 *39*
I last saw him alive on *2-9*, 19 *39*. Death is said to have occurred on the date stated above, at *3:00 p.m.*
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Date of onset *12/1*
Other contributory causes of importance:
Chronic Nephritis
Name of operation *Clinical* Date of *1939*
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* Date of injury *1939*
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 *No*
Nature of injury *No*
24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify *No*
(Signed) *M. B. Kitchen* M. D.
(Address) *Elizabethton, Mo.*

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/8/39