

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

Do not use this space.

32082

FILED OCT 6 1943

1. PLACE OF DEATH

County Macon Registration District No. 203
Township Independence Primary Registration District No. 5734
City Attaluta (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Lizzie Trammell

(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 65 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 OR (OR) WIFE OF Emmet Trammell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16. 1865
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 0 20

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. on Farm
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) Penn!

MOTHER 13. NAME Daniel Winick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn!

15. MAIDEN NAME Mary Shoof

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn!

17. INFORMANT Mrs. Marion Hingate
(ADDRESS) Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE Sept. 8. 43

19. UNDERTAKER (ADDRESS) Home & Wedding Atlanta Mo

20. FILED Oct 4 1943 Mrs. J. P. Cambre
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6th 1943

22. I HEREBY CERTIFY That I attended deceased from Aug. 28 - 1942, to Sept 6th 1943

I last seen alive on Sept 6th 1943. 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:

Arteriosclerosis
94

Other contributory causes of importance:
Hypertension & Atherosclerosis

Name of operation None Date of _____
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? _____ Date of injury _____, 19 _____

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? No
If so, specify _____

(Signed) J. L. Casner, M. D.
(Address) Atlanta 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.

RECEIVED

District Health Officer No: 10

District File Number 10-43-1616

Date Filed OCT 5 1943