

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

Do not use this space.

**MAR 21 1934**

**7534**

**1. PLACE OF DEATH**  
 107 County Wass Registration District No. 1A33  
 Township Upton Primary Registration District No. 644  
 City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Eloja E Searcy  
 (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 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** Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF** Chas Searcy

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>7</u>	<u>20</u>	

**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)** Harbeson Mo

**13. NAME** D. A. Bell

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Tenn

**15. MAIDEN NAME** Emily Moody

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo

**17. INFORMANT (ADDRESS)** M. S. Holliman

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Oakland DATE Feb. 27 1934

**19. UNDERTAKER (ADDRESS)** Smith & Ferguson  
Lecking, Mo.

**20. FILED** Feb. 27, 1934 Joe C. Stites  
 Registrar.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Feb 25 1934

**22. I HEREBY CERTIFY, That I attended deceased from** Feb 23 1934 to Feb 25 1934  
 I last saw her alive on Feb 23 1934 Death is said to have occurred on the date stated above, at 1 1/2 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Nephritis  
132A  
132A  
 Other contributory causes of importance:

**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.

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify \_\_\_\_\_ (Signed) L. S. Randall, M. D.  
 (Address) Lecking Mo

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

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