

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

Do not use this space.

W^{AY} 25 1934

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Springfield Primary Registration District No. 4207
City Calhoun (No. _____) St. _____ Ward _____

File No. 12657
Registered No. 6

2. FULL NAME

Elizabeth Markland
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J Markland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1863
7. AGE YEARS 70 MONTHS 8 DAYS 23 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Adams Co Ill

13. NAME Daniel Hammond

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

15. MAIDEN NAME Elizabeth Wycum

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

17. INFORMANT Mabel Markland (ADDRESS) Calhoun

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE 4/30 1934

19. UNDERTAKER Spore & Son (ADDRESS) Clinton Mo

20. FILED 4/30 1934 Wm A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1934

22. I HEREBY CERTIFY, that I attended deceased from Apr 17, 1934, to Apr 28, 1934.
I last saw her alive on Apr 28, 1934. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Influenza
IB
MI
Other contributory causes of importance:
none

Name of operation none 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 _____, 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) W. A. Rolland, M. D.
(Address) Calhoun Mo

Rolland Wycum

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

124 - 28
8
5
3

1934 - 8
63 - 8
1863 - 2
190