

SEP 18 1935

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

Do not use this space.

25875

1. PLACE OF DEATH

20 County Cedar
Township 1
City Edwards Springs (No.)

Registration District No. 168
Primary Registration District No. 4095

File No.
Registered No. 44
St. Ward)

2. FULL NAME

Elziny Vanslyke

(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 (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Name F Vanslyke

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to Aug 10, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 1866

I last saw him alive on Aug 9, 1935. Death is said to have occurred on the date stated above, at 7:00 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 9 4

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

Cerebral softening

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

Other contributory causes of importance:
Cerebral degeneration

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

Name of operation Date of
What test confirmed diagnosis Apoplexy Was there an autopsy? Yes

13. NAME Tilford H. Smith

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

15. MAIDEN NAME Jane Keiser

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

17. INFORMANT Wm Vanslyke (ADDRESS) Amsterdam Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo DATE 8-12-35

19. UNDERTAKER Archer & Margo Id (ADDRESS) Amsterdam Mo

20. FILED 8-14-1935 J. Dawson Registrar.

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? Yes

If so, specify (Signed) W. P. Ruyton, M. D. (Address) El Dorado Springs

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.

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