

SEP 20 1935

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

Do not use this space.

26256

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 5488  
City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elizabeth Amy Huston  
(a) Residence, No. CLINTON MO St. R 75 Ward 2A

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-35

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George B Huston

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1935, to 8-12, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-48

I last saw him alive on 8-1, 1935. Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 10 22

to have occurred on the date stated above, at 9:10 a.m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Gall Bladder disease Date of onset \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

obstruction of jaundice

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 17

Other contributory causes of importance: \_\_\_\_\_

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

13. NAME Granville W Moore

Name of operation None Date of \_\_\_\_\_

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

What test confirmed diagnosis Micro Was there an autopsy? No

15. MAIDEN NAME Sarah Bailey

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) R.E. Huston Clinton Mo

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Debo DATE 8-14-35

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Fred Wilkerson Clinton Mo

(Signed) Ed C. Gellor M. D.

20. FILED Aug 19 1935 J.R. Hampton Registrar.

(Address) Clinton, 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.

RECORD

1  
2  
3

