

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

Do not use this space.

31433

1. PLACE OF DEATH
 10. County Boon Registration District No. 73
 Township Columbia Primary Registration District No. 5112
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Eliza Jane Rees
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 220

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 OF (OR) WIFE OF Thos Rees

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14-1860

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
71 11 2

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.
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) Missouri

FATHER
13. NAME John Gladwell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Sarah Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

17. INFORMANT Reed Rees
 (ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Chapel of Comfort 10/18/1932

19. UNDERTAKER Parker Funeral Co
 (ADDRESS) 100 S. Grand

20. FILED 10/18/1932 Ellie Selby
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Oct 17, 1932
 I last saw her alive on Oct 17, 1932 Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of liver about 1931
133A 466
 Other contributory causes of importance: Nephritis (1) 1931

Name of operation none **Date of** _____
What test confirmed diagnosis? none **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) W. S. Belden, M. D.
 (Address) Blow Bldg Columbia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 21 1932

