

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

Do not use this space.

1. PLACE OF DEATH

County Wasper

Registration District No. 408

File No. 40183

Township Wasson

Primary Registration District No. 3020

Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 1116 Maple St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. M. J. McElroy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 10

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) George Town, Ohio

13. NAME Elhaman De Vere

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

15. MAIDEN NAME Seluty Alicia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salon, Illinois

17. INFORMANT Dr. M. J. McElroy
(ADDRESS) 1116 Maple - Washburne

18. BURIAL, CREMATION, OR REMOVAL PLACE First Cemetery Dec. 13, 1932

19. UNDERTAKER Knell Mortuary
(ADDRESS) 600 Washburne, Springfield

20. FILED 12-13 1932 W. H. K. K. K.
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1932 to 12/11, 1932

I last saw her alive on 12/11, 1932 Death is said to have occurred on the date stated above, at 8 p.m.

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

Carcinoma Liver metastatic from
49
7-11-32
Nov 19 32
Date of onset

Other contributory causes of importance:
Basal cell epithelioma 1928
Labia majora

Name of operation none Date of _____

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. LaFare, M. D.

(Address) Carthage 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.

JAN 24 1933

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Carthage Mo

Wasson - Washburne Hospital

Carthage Mo

