

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Salisbury
Township A
City Lancaster (No. _____)

Registration District No. 805
Primary Registration District No. 4484

File No. 85433
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W.</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 26 1849</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>9</u>
	DAYS <u>5</u>	If LESS than 4 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>		
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) <u>Mo. of</u>		
13. NAME <u>Eledge Skull</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keosauqua</u>		
15. MAIDEN NAME <u>Annada Cobb</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keosauqua</u>		
17. INFORMANT <u>Byrtha Crumpton</u> (ADDRESS) <u>Unionville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lancaster</u> DATE <u>Sept 25</u>		
19. UNDERTAKER <u>H. J. Foster</u> (ADDRESS) <u>Unionville, Mo.</u>		
20. FILED <u>9. 11</u> , 19 <u>37</u> <u>Byrdie G. Drake</u> Deputy Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1937, to Aug. 31, 1937

I last saw her alive on Aug. 31, 1937. Death is said

to have occurred on the date stated above, at 7 P. m.

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

Fracture of neck of rt. femur Date of onset Aug 5, 37

Other contributory causes of importance:

Asthma, delirium & pneumonia
any consolidation.

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 6, 1937

Where did injury occur? Lancaster, Mo.
(Specify city or town, county, and State)

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

Manner of injury at home
Nature of injury accidental fall on floor

Nature of injury Fracture of neck of femur

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

If so, specify _____

(Signed) Edg. M. Nuttall, M. D.

(Address) Lancaster, 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.

