

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

Do not use this space.

26010

1. PLACE OF DEATH
 27 County Cooper Registration District No. 225
 Township Saline Primary Registration District No. 5306
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 9

2. FULL NAME Mrs Lily Givens
 (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 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 Ben Givens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5th 1871
 7. AGE YEARS 52 MONTHS _____ DAYS 2 If LESS than 1 day, _____ hrs. _____ min.
 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. At Home
 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) Near Overton Mo.

MOTHER FATHER 13. NAME Ephram Broyles

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

15. MAIDEN NAME Elvira Vaughan

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

17. INFORMANT Ben Givens (ADDRESS) Overton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clayton Cem DATE Aug 9th 1933

19. UNDERTAKER (ADDRESS) Goodman & Bolter Boonville Mo

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to Aug 8 1933
 I last saw _____ alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 10 P. m.

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

Stomach nephritis Date of onset _____
Arterial Sclerosis
Stomach Nephritis
T.B.

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

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? _____
 If so, specify _____
 (Signed) A. L. Morditt M. D.
 (Address) Pravin Home Mo

MARGIN RESERVED FOR BINDING

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.

SEP 26 1933

V. S. NO. 2

