

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

Do not use this space.

23618

1. PLACE OF DEATH

County Moniteau
Township Harrison
City High Point (No.)

Registration District No. 576
Primary Registration District No. 5723

File No.
Registered No. 5
St. Ward)

2. FULL NAME

(a) Residence. No. Eliza J. Hickox High Point 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. 16 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 Color 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Hickox.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1st, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>9</u>	<u>5</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) State Mo. County
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Willis Lee Proctor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary E. Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Cardell F. Proctor
(Address) High Point, Mo.

15. FILED 7-10-30 J. H. Finke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 4th 1930 to July 6th 1930 that I last saw her alive on July 4th 1930, 19....., and that death occurred, on the date stated above, at 9.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Asthma

9.5 B Don't Know
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) NO
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? 6. S. Glones, M. D.
(Signed)
, 19 (Address) Russellville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moniteau DATE OF BURIAL 7-7 1930

20. UNDERTAKER L. H. Gomer ADDRESS Eldon, 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.

JUL 23 1930

