

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

Do not use this space.

5729-0

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
 Township Fishing Run Primary Registration District No. 3011  
 City Excelsior Springs, Mo.

File No. ....  
 Registered No. 16 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode)

Length of residence in city or town where death occurred perual yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** Negro **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married

**5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF** Fred J. Elliott

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Dec. 25 - 1867

**7. AGE**

| YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, .... hrs. or .... min. |
|-----------|----------|-----------|--|
| <u>43</u> | <u>1</u> | <u>23</u> | <u>=</u>                                   |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

**9. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Texas

**10. NAME OF FATHER** Gabree Mourou

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) (STATE OR COUNTRY) Mexico

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) (STATE OR COUNTRY) Unknown

**14. INFORMANT** (Address) Fred J. Elliott  
Excelsior Springs, Mo.

**15. FILE** Feb 18 1911 J. M. Boyark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Feb 18 1911

**17. I HEREBY CERTIFY**, That I attended deceased from Feb 12, 1911 to Feb 17, 1911 that I last saw her alive on Feb 17, 1911, and that death occurred, on the date stated above, at 4 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis (Pulmonalis)  
237

112 (duration) .... yrs. .... mos. .... ds.  
**CONTRIBUTORY** Bronchial asthma (SECONDARY)  
 (duration) 26 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) E. B. Robichaux, M. D.

, 19 (Address) Excelsior Springs, 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** Kansas City, Mo. **DATE OF BURIAL** Feb 19 1911

**20. UNDERTAKER** Prather & Majors, Ex. Spgs. Mo. **ADDRESS**

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 OCCURRENCE of every important

Y. J. Craven, M. D., Excelsior Springs, Mo. Registrar, Feb. 20, 1911

PARENTS

