MAR 26 1927

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

Do not use this space. DO Pinion 5581

1. PLACE OF DEATH
County Pemiscot Registration District No. 601
Township Little Prairie Primary Registration District No. 0862
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 18

2. FULL NAME Lizzie Nelson
(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: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Dont Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dont Know

7. AGE: About 48 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Dont Know
(STATE OR COUNTRY): " "

PARENTS
10. NAME OF FATHER: " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): " "

14. INFORMANT: Vance Tipler
(Address) Caruthersville

15. FILED Feb. 11, 1927 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-2 1927

17. I HEREBY CERTIFY, That I attended deceased from 1-21, 1927, to 2-2, 1927 that I last saw her alive on 1-21, 1927, and that death occurred, on the date stated above, at 4 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Uterus
46 (duration) ..... yrs. several mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. R. Pinion, M. D
2-2, 1927 (Address) Caruthersville, 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: Mason Cemetery
DATE OF BURIAL: 2-3 1927

20. UNDERTAKER: F R Smith
ADDRESS: Cville 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.