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

Do not use this space.

16294

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1023 Registered No. 4138

City St Louis (No. 3 St. Anthony's Hosp St. ..... Ward)

2. FULL NAME Elda May Day Jerseyville Ill.

(a) Residence. No. ..... St., 16 Ward. Jerseyville Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 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): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-1-1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9	--		1	

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

9. BIRTHPLACE (CITY OR TOWN) Jerseyville
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Charles W. Day
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerseyville
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Lena Wagner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) near Hardin
(STATE OR COUNTRY) Calhoun, Ill.

14. INFORMANT Sister M. Paschal
(Address) 3520 Chippewa

15. FILED MAY -2 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-2-1927

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1927, to May 2nd, 1927 that I last saw her alive on May 2, 1927, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
121A
129
..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Perforative Gangrenous appendicitis (duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Jerseyville Ill.
DID AN OPERATION PRECEDE DEATH? yes DATE OF April 29, 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood count & physical signs

(Signed) H. S. McKay, M. D.
5/2, 1927 (Address) University Club Bldg.

*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 Jerseyville Ill Oak Grove
DATE OF BURIAL May 5 1927

20. UNDERTAKER H J Gabzer
ADDRESS Jerseyville Illinois

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.

THIS IS A PERMANENT RECORD