

JUL 25 1927

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

Do not use this space.

17792

1. PLACE OF DEATH  
 County Chariton Registration District No. 173  
 Township Wayland Primary Registration District No. 5240  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Elizabeth Francis Stover  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 - 1842

7. AGE YEARS MONTHS DAY If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 | 10 | 27

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (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) North Carolina

10. NAME OF FATHER Wm Deatherage

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) North Carolina

12. MAIDEN NAME OF MOTHER Sarah Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) don't know

14. INFORMANT Miss Lena Wilkey (Address) Parson Hill mo

15. FILED 6-14, 1927. J. D. McAdams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-18 1927

17. I HEREBY CERTIFY, That I attended deceased from 6-10, 1927, to 6-11, 1927 that I last saw him alive on 6-10, 1927, and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy  
80 y. (duration) yrs. mos. ds. 7401  
1180

CONTRIBUTORY (SECONDARY) acute indigestion  
vomiting (duration) yrs. mos. ds. 1/2

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) Dr. Howland, M. D. 6/11, 1927 (Address) Salisbury mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hopewell cem DATE OF BURIAL 6/12 1927  
Parson Hill mo  
 20. UNDERTAKER? Charles Nauman ADDRESS Salisbury 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.

