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

SEP 2 [illegible]

Do not use this space.

Wins

24623

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jasper ..... Registration District No. 408

Township ..... Primary Registration District No. 3030

City Carthage (No. ....., ... St. ..... Ward)

2. FULL NAME Elizabeth Orchard Stebbins

(a) Residence. No. Grant 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Jesse Stebbins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	—	3	

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) Paisley, Ont.
(STATE OR COUNTRY) Canada

PARENTS

10. NAME OF FATHER John Orchard

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

12. MAIDEN NAME OF MOTHER Christina Bunn

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

14. INFORMANT Ruth Bridson
(Address) Carthage, Mo.

15. FILED Aug 11, 1927. S. B. Chilton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 16 1927.

17. I HEREBY CERTIFY, That I attended deceased from July 28, 1927, to Aug 15, 1927 that I last saw h. alive on Aug 15, 1927, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Failure

97 9B

132.8 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Pulmonary & Arterial Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. Ward J. Fuse, M. D.

, 19 (Address) 1114 Grand St.

*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	DATE OF BURIAL
Park Cemetery	Aug. 19 1927
20. UNDERTAKER	**ADDRESS**
Knell Mortuary	Carthage

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.