

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

Do not use this space.

Brown 35744

1. PLACE OF DEATH

County Linn
Township Neveda
City Neveda

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 126
St. _____ Ward _____

2. FULL NAME

Elizabeth Francis McAnture

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

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 9 15 25

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

9. BIRTHPLACE (CITY OR TOWN) Fitchfield
(STATE OR COUNTRY) Illerwis

10. NAME OF FATHER John Allen

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

12. MAIDEN NAME OF MOTHER Fannie McAnture

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

14. INFORMANT John Allen
(Address) Neveda Mo.

15. FILED 12-10-27 E. B. King
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 8 1927 to Nov 24 1927 that I last saw her alive on Nov 23 1927, and that death occurred, on the date stated above, at 145 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic Coma (chronic interstitial nephritis) complicated by Pruritus of skin caused by falls.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. M. Braun, M. D.
Nov 25, 1927 (Address) Neveda 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 Weston Cemetery DATE OF BURIAL Nov 25 1927

20. UNDER-TAKER Terry Thomas ADDRESS Hon. Neveda

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.

