

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928

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

Do not use this space.

5869-a

**1. PLACE OF DEATH**

County Pettis  
Township Greenledge  
City          (No.         )

Registration District No. 604  
Primary Registration District No. 5792

File No.           
Registered No. 10  
St.          Ward         

**2. FULL NAME**

Mary M. Elliott

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 | 2 | | |

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

9. BIRTHPLACE (CITY OR TOWN) West Va.  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Wickham

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

12. MAIDEN NAME OF MOTHER Sally Dikie

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

14. INFORMANT Jessie Elliott  
(Address) Windsor Mo.

15. FILED APR 13 1928 U. R. Shulley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 18 to Feb 23, 1928, that I last saw          alive on Feb 22, 1928, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Paralysis (General)  
Senility, Cerebral  
Hemorrhage (duration) yrs. mos. da. 6

CONTRIBUTORY (SECONDARY) Senility, Cerebral  
Hemorrhage (duration) yrs. mos. da. 6

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

19. DID AN OPERATION PRECEDE DEATH?          DATE OF         

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed)          W. Head, M. D.  
         24 1928 (Address) Windsor

\*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 Windsor Mo. DATE OF BURIAL Feb 24 1928

20. UNDERTAKER W. E. Huston ADDRESS Windsor Mo.

1906  
Cambridge  
2000  
Chin