

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

Do not use this space.

Dr. P. P. P. P.

10017

1. PLACE OF DEATH

County *Caruthersville* Registration District No. *65-1*
 Township *Caruthersville* Primary Registration District No. *4788*
 City *Caruthersville* No. _____ St. _____ Ward _____

File No. _____
 Registered No. *37*
 St. _____ Ward _____

2. FULL NAME

Mrs Elizabeth Short

(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. ds. 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** *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *DK.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 68

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *DK.*
 (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) *Mo*

10. NAME OF FATHER *David Johnson*

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

12. MAIDEN NAME OF MOTHER *Eliza Nelson*

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

14. INFORMANT (Address) *J. J. Johnson Caruthersville*

15. FILED *Apr. 10, 1928* *Oda Martin* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *3-30 1928*

17. I HEREBY CERTIFY That I attended deceased from *March 23, 1928* to *Mar. 30, 1928* that I last saw her alive on *March 30, 1928*, and that death occurred, on the date stated above, at *9-1130 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY) *Broncho pneumonia* (duration) yrs. mos. *7* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) *J. P. P. P.*, M. D.

3-30, 1928 (Address) *Caruthersville, 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 *Maple Cemetery* **DATE OF BURIAL** *3-31 1928*

20. UNDERTAKER *J. J. Smith* **ADDRESS** *Caruthersville*

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.

