

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.

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

Do not use this space.

14480

1. PLACE OF DEATH

County *Randolph*
Township *Crairie*
City *Near Remick* (No. *3564*)

Registration District No. *735*
Primary Registration District No. *3564*

File No. _____
Registered No. *3*
St. _____ Ward _____

2. FULL NAME

Elizabeth a Truly

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

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. (If nonresident give city or town and State)

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 14th 1868

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>59</i>	<i>3</i>	<i>21</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Housekeeper

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

J. D. Griffith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Ann Walters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

14.

INFORMANT
(Address)

*Miss Manella Truly
Mobely Mo*

15.

FILED

4-14-28 G. F. Hinchman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 5th 1928*

17. I HEREBY CERTIFY that I attended deceased from _____ 19____, to _____ 19____, (that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 3:30 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably apoplexy

CONTRIBUTORY (SECONDARY)

MI

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. Lellan

M. D.

4-8th 1928 (Address) *Cocoma*

*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

Mobely Mo

4-8th 1928

20. UNDERTAKER

ADDRESS

Mahan and Son

Mobely Mo

