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

Do not use this space.

File No. 15101

Registered No. 4023

1. PLACE OF DEATH

County ..... Registration District No. 79H 1003

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

City St. Louis (No. Bethesdia Hospital St. ..... Ward)

2. FULL NAME Mabel E. Cauthon

(a) Residence. No. Mexico Mo St., 18 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	Married -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28-1887

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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) Iowa

PARENTS

10. NAME OF FATHER Eugene Elliott

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

12. MAIDEN NAME OF MOTHER Rose Unknown

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

14. INFORMANT D. H. Cauthon
(Address) Mexico Mo

15. FILED APR 12 1923, 19 Mary C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/11 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/9, 1928, to 4/11, 1928 that I last saw her alive on 4/11, 1928, and that death occurred, on the date stated above, at about 4 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Streptococcus)
1198 (duration) ..... yrs. 12 hr. 10 mos. B ds.

CONTRIBUTORY (SECONDARY) Appendectomy (Chronic) Appendicitis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 4/9/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. H. Riley, M. D
, 19 (Address) 3649 Vista

*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 Mexico Mo — DATE OF BURIAL April 13 1928

20. UNDERTAKER C. R. Lupton — ADDRESS 4149 Page

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.

Dr. Wm Riley
Bethesda Hospital