26 1928

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

Do not use this space.

17868

1. PLACE OF DEATH

County Monroe — Registration District No. 579

Township Marion — Primary Registration District No. 5776

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Lucy Ellen Elsberry

(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. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (write the word): Lizzie Elsberry

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Lizzie Elsberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3/31/1855

7. AGE: Years 73 | Months 1 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(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) Monroe Co. Mo.

PARENTS

10. NAME OF FATHER: Tom Enochs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Monroe Co - Mo

12. MAIDEN NAME OF MOTHER: Jane Noel

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

14. INFORMANT: Lizzie Elsberry
(Address) Madison Mo.

15. FILED 6/1 1928 Fred A Thompson REGISTRAR
Dy W. W. Eubank

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 30 1928

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to May 30, 1928, that I last saw her alive on May 29, 1928, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

132H Apoplexy
82H

129B (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Nephritis

..... (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin Signs & Sympt

(Signed) C A Smith, M. D

, 19 (Address) Madison, 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: Sunset Hill Cemetery — DATE OF BURIAL: 6/1 1928

20. UNDERTAKER: Fred A Thompson — ADDRESS: Madison Mo

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.