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

Do not use this space.

19676

JUL 12

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township — Primary Registration District No. 3039 — Registered No. 129

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

2. FULL NAME Mrs Priscilla Mefford.

(a) Residence. No. 421 E Hickory St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF J. H. Mefford.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 1844

7. AGE: Years 84 — Months 2 ~~4~~ — Days 1 ~~27~~ — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home keeping 186 K 19 F B
(b) General nature of industry, business, or establishment in which employed (or employer) 111 B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Moss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Kate Botts.
(Address) Nevada Mo.

15. FILED 5-31, 1928 E. R. Keig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-13- 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-28-, 1928, to 5-13-, 1928 that I last saw her alive on 5-13-, 1928, and that death occurred, on the date stated above, at 11.55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured femur (at neck) fell in floor cause of fracture (accidental)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Oedema of lungs
(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 185

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) J. T. Hornback, M. D

5/18, 1928 (Address) Nevada 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: Newton Burial Park — DATE OF BURIAL: May 23 1928

20. UNDERTAKER: Marsh E. Eichinger — ADDRESS: Nevada 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.