

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

Do not use this space.

20001

1. PLACE OF DEATH
 County Ruchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City St. Joseph, (No. 1826 Howard)
 St. _____ Ward _____
 Registered No. 795

2. FULL NAME Elizabeth Aery,
 (a) Residence. No. 1826 Howard, St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 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) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE, of Joseph F. Aery,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>5</u>	<u>25</u>	

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) Hartford,
 (STATE OR COUNTRY) Connecticut,

10. NAME OF FATHER Michael Blackford,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Ireland,

12. MAIDEN NAME OF MOTHER Ellice Clark,

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

14. INFORMANT Joseph J. Aery,
 (Address) 1826 Howard Street,

15. FILED 25 1928
John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 26, 1928, and that I last saw him alive on June 3, 1928, and that death occurred, on the date stated above, at _____ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82A Apoplexy (Cerebral Hemorrhage)
77
 (duration) _____ yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH..... DATE OF _____

WAS THERE AN AUTOPSY? _____

WHEN TEST CONFIRMED DIAGNOSIS: Physical Exam
 (Signed) J. H. Warden M. D.
June 26, 1928 (Address) 1826 Howard Street

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL June 28 1928

20. UNDERTAKER Newton Beagle Bowen, ADDRESS \$19 S. 10 St.
Funeral Home

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