T 22 1928

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

Do not use this space.

29640

1. PLACE OF DEATH
County Andrain — Registration District No. 26 — File No.
Township Sathrine — Primary Registration District No. 5034 — Registered No. 143
City Mexico (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Mae Iman
(a) Residence. No. Country 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: Femal
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 Louis A Iman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 1901

7. AGE: 26 Years — Months: 9 — Days: — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morgan Co
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Archie Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Sarah E. Spencer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) MO

14. INFORMANT Florence White
(Address) Centralia MO

15. FILED Sept 25th 1928 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/28/1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 16th, 1928, to Sept 23, 1928, that I last saw her alive on Sept 23, 1928, and that death occurred, on the date stated above, at 11:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
140
Sleeping
121 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Abortion
(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Brought in
IF NOT AT PLACE OF DEATH? home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 16-28
WAS THERE AN AUTOPSY? Cancellment
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Paul E Cox, M. D
, 19 (Address) Mexico 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: Pleasant Grove Cem — DATE OF BURIAL: 9-25 1928

20. UNDERTAKER: H A Precht & Son — ADDRESS: Mexico 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.