

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

Do not use this space.

31126

**1. PLACE OF DEATH**

County Mississippi  
Township St. James  
City (No. ....) .....

Registration District No. 567  
Primary Registration District No. 5763

File No. ....  
Registered No. 59 .....

**2. FULL NAME**

Elizabeth Lofton

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7, 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lemon Lofton

17. I HEREBY CERTIFY That I attended deceased from Sept 7, 1928 to Sept 7, 1928 that I last saw her alive on Sept 7, 1928 and that death occurred, on the date stated above, at 7:10 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-21-1907

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>21</u>	<u>6</u>	<u>16</u>	<u>16</u>	<u>    </u>

Typhoid

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

CONTRIBUTORY (SECONDARY) JA

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Arkansas

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

**10. NAME OF FATHER**

Henry Burgess

DID AN OPERATION PRECEDE DEATH? .....

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Florida

WAS THERE AN AUTOPSY? .....

**12. MAIDEN NAME OF MOTHER**

Lena Burgess

WHAT TEST CONFIRMED DIAGNOSIS? .....

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Arkansas

(Signed) E. J. Maister M. D.

, 19 (Address) Prarie 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.

**14. INFORMANT**

(Address) Lemon Lofton, East Prairie Mo

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Penhook

**DATE OF BURIAL**

Sept 7, 1928

**15. FILED**

10.8.28 Duffin Hodge REGISTRAR

**20. UNDERTAKER**

Lewis Shelby

**ADDRESS**

East Prairie 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.

