

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

Do not use this space.

7232

**1. PLACE OF DEATH**

County Marion Registration District No. 547 File No. \_\_\_\_\_  
 Township Marion Primary Registration District No. 3079 Registered No. 53  
 City Hannibal (No. 1229 Lyon) St. 5 Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Ella F. Litzskill  
 (a) Residence, No. 1229 Lyon St. 5 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 3 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Franklin Court County  
 (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Robert P. Bibb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Rhoda Crump

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Emma Litzskill  
 (Address) Hannibal, Mo

15. FILED 7/13 1929 Castro REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22-1929

17. I HEREBY CERTIFY That I attended deceased from Dec-24 to Feb-22, 1929  
 that I last saw h. alive on Feb-18, 1929, and that death occurred, on the date stated above, at 2:27 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Nephritis  
130 A  
10 2 (duration) 3 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Nephritis  
 (duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urine anal, cis  
 (Signed) W. J. Franke, M. D.  
 , 19 29 (Address) 1709 West

\*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 Lick Creek Cemetery Perry Mo. DATE OF BURIAL 2-24-1929

20. UNDERTAKER James O'Donnell ADDRESS Hannibal

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.

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Mr W. E. Campbell

Star Building

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