

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

Do not use this space.

18726

26 1929

1. PLACE OF DEATH

County Macou Registration District No. 526
 Township Independence Primary Registration District No. 5701
 City Attanta, Mo. (No.) St. Ward

File No.
 Registered No.

2. FULL NAME

Elizabeth S. Efferson
 (a) Residence, No. St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 72 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF John E. Efferson
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 4 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lived on farm
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Macou Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Macou Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Rose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

14. INFORMANT John D. Efferson
 (Address) Attanta, Mo

15. FILED June 7, 1929 A. L. Carls
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8th - 1929

17. I HEREBY CERTIFY That I attended deceased from 6-20, 1928, to 5-8, 1929 that I last saw him alive on 5-8, 1929, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

72 18
Cholecytitis (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) acute (duration) yrs. mos. 20 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? Chirurgical
 (Signed) J. P. Foster, M. D.
 , 19 (Address) La Crosse, 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 St. Cemetery DATE OF BURIAL May 9th, 1929

20. UNDERTAKER H. S. Gooding ADDRESS Attanta, 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.

