APR 23 1930

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

Do not use this space.

7820

File No.
Registered No. 366

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Lizzie Townsend

(a) Residence. No. St., Ward. Savannah Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Townsend

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 9, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	72	4	13	

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

9. BIRTHPLACE (CITY OR TOWN) Filmore
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Robt A Watts

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

12. MAIDEN NAME OF MOTHER Lorainia Tilson

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

14. INFORMANT Lewis Townsend
(Address) Savannah Missouri

15. FILED 3/24/ 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1930

17. I HEREBY CERTIFY, That I attended deceased from [illegible] 1930, to [illegible] 1930, that I last saw h[illegible] or alive on [illegible] 1930, and that death occurred, on the date stated above, at 4/48 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
122B
108 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction - Volvulus of sigmoid (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Savannah Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF Mar 18-30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. F. Schmed, M. D.
Mar. 22, 1930 (Address) St Joseph 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	DATE OF BURIAL
Savannah Mo	Mar 24 1930
20. UNDERTAKER H. O. Siderfaden	ADDRESS 1802 Union St

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.

AUG 30 1946