WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 28 1930

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

Do not use this space.

9636

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 26
Township — Primary Registration District No. 4358 — Registered No.
City " " (No. ... St. ... Ward)

2. FULL NAME Lucretia T. McElyea
(a) Residence. No. ... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: G. W. McElyea

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-20-1868

7. AGE: Years 61 | Months 7 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Obion Co

PARENTS
10. NAME OF FATHER — [illegible]
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): [illegible]
12. MAIDEN NAME OF MOTHER: " " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " " "

14. INFORMANT: Mrs. B. S. Barrett
(Address) 1219-W. 13th St. N-Little Rock

15. FILED 3/16, 1930 — Mrs. Bannon Ark. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-9, 1930, to 3-15, 1930 that I last saw h... alive on ... 19..., and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Nephritis
(duration) ... yrs. ... mos. ... 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?
(Signed) [illegible], M. D
, 19 (Address) New Madrid

*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: Canyon Cem Gibson Mo — DATE OF BURIAL: 3-17 1930

20. UNDERTAKER: Richards Ung. Co — ADDRESS: New Madrid