APR 30 1930

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

Do not use this space.

9838

1. PLACE OF DEATH
County Pike
Township Calomet
City Annada (No. ..... St. ..... Ward)
Registration District No. 685
Primary Registration District No. 5909-B
File No. 21
Registered No. 7

2. FULL NAME Lizzie Daughty
(a) Residence. No. Annada St. ..... Ward. ..... (If nonresident, give city or town and State)
(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.

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 — Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5 1866

7. AGE: 63 YEARS, 3 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER John Sweeny
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mary Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Pike Co Mo

14. INFORMANT Joe Sweeny
(Address) Annada Mo

15. FILED Mar 31 1930 H. H. Treadway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 1927, to Mch 21, 1930, that I last saw her alive on Mch 20, 1930, and that death occurred, on the date stated above, at 6 a m m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis - *
93C
66H
..... (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) goiter
..... (duration) 40 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? Physical diagnosis
(Signed) Chas L Bouchard M. D.
3-24, 1930 (Address) Paynesville 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: Ramsey Creek
DATE OF BURIAL: 3/23 1930

20. UNDERTAKER: L H Brown
ADDRESS: Clarksville

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.