

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.

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

Do not use this space.

16829

1. PLACE OF DEATH

County Missouri
Township Warren
City Versailles Mo (No. _____) St. _____ Ward _____

Registration District No. 598
Primary Registration District No. 4355

File No. 9699-B
Registered No. 19

2. FULL NAME

Elizabeth Martin
(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7th 1826
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
103 6 17

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) (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Powell Gray
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Wenderson Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Miss Lucy Martin (Address) Versailles Mo

15. FILED 6/10 1930 M. N. Loman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Mar 23, 1930, that I last saw her alive on Mar 23, 1930, and that death occurred, on the date stated above, at 10-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular disease of heart-mitral.
92A
97 (duration) 2 yrs. mos. ds.
CONTRIBUTORY arterial sclerosis (SECONDARY) (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. J. Swan, M. D.

(Address) Versailles, 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 Versailles Cemetery DATE OF BURIAL Mar 25 1930

20. UNDERTAKER Theurillo Versailles ADDRESS _____

