

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

Do not use this space.

19882

JUL 23 1930

1. PLACE OF DEATH

County Laclede
Township
City Lebanon (No. 115)

Registration District No. 449
Primary Registration District No. 4267
Washington

File No.
Registered No. 15-04-1574
St. 21st Ward

2. FULL NAME Elizabeth Rector Cady

(a) Residence. No. 1650 Washington St., 2nd Ward.

Lebanon Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Cady

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29-1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>		<u>2</u>	<u>15</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer None

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

10. NAME OF FATHER E. W. Wilcox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linnville
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Elizabeth R. Rector

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

14. INFORMANT G. C. Moulder
(Address) Lebanon Mo.

15. FILED 6/20 1930 J. M. Bellinger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1929 to June 14 1930
that I last saw h. or a. alive on June 13 1930, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endo Carditis
(duration) 14 yrs. 14 ds.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY) (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. D. Moulder, M. D.

*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 Lebanon Mo
DATE OF BURIAL 6/18 1930

20. UNDERTAKER Lebanon
ADDRESS Lebanon

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.

