

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

Do not use this space.

20095

File No. *12*  
Registered No. *14*  
St. *3* Ward

**PLACE OF DEATH**

County *Monroe* Registration District No. *581*  
Township *Monroe* Primary Registration District No. *5798*  
City *104 S. Main St.*

**2. FULL NAME**

*Eliza A. Filbey*  
(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 *5* yrs. *6* mos. ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Oct 31<sup>st</sup> 1841</i>		
7. AGE YEARS <i>88</i>	MONTHS <i>7</i>	DAYS <i>6</i>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>at home</i> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) *Shreve*  
(STATE OR COUNTRY) *Ohio*

PARENTS	10. NAME OF FATHER <i>David McCorkley</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Pennsylvania</i>
	12. MAIDEN NAME OF MOTHER <i>Margaret Crawford</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>Pennsylvania</i>

14. INFORMANT *Miss Nettie McTillem*  
(Address) *Monroe City Mo*

15. FILED *6/6 1930* *Q.W. Wilson* REGISTRAR  
*Deputy*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 6<sup>th</sup> 1930*  
17. I HEREBY CERTIFY, That I attended deceased from *October 12*, 1929, to *June 5*, 1930, that I last saw her *alive on June 5*, 1930, and that death occurred, on the date stated above, at *5:30 A.M.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Chronic Parenchymatous Nephritis*  
*131* (duration) *8* yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) *Uræmia*  
*137 B* (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. *10* ds.

18. WHERE WAS DISEASE CONTRACTED *at home*  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *no*  
WHAT TEST CONFIRMED DIAGNOSIS *uræmia*  
(Signed) *J.D. Cohen* M.D.  
*6-6 1930* (Address) *Monroe City 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 *Valparaiso Indiana* DATE OF BURIAL *June 7 1930*

20. UNDERTAKER *Wilson Son* ADDRESS *Monroe City Mo.*

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.

*JUL 23 1930*

