

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

Do not use this space.

22617

1. PLACE OF DEATH

County Grundy

Registration District No. 330

Township

Primary Registration District No. 3017

City Trenton

File No.

Registered No.

St. Ward

2. FULL NAME

Elizabeth Gann

(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) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gas H. Gann.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 10 5

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

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

10. NAME OF FATHER David Breeze

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

12. MAIDEN NAME OF MOTHER Elizabeth Navey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know.
(STATE OR COUNTRY)

14. INFORMANT John Gann
(Address) Trenton Mo.

15. FILED July 28, 1930 E. A. Duffley
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18 1930 to July 27 1930 that I last saw her alive on June 18 1930, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac disease,
Chronic Valvular
metral
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) G. W. Bell, M. D.
June 28, 1930 (Address) Trenton 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 Gibbons Cem. Sanyssel Mo. DATE OF BURIAL July 29, 1930

20. UNDERTAKER Glyson Funeral Home ADDRESS Trenton 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.

WHITE PLAIN, WITH OVERLAPPING INTERLINES IS TERMINAL

