Pierson

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

(180)

Do not use this space.

23883

1. PLACE OF DEATH
County Pike
Township Buffalo
City Louisiana (No. ..... St. ..... Ward)
Registration District No. 689
Primary Registration District No. 3033
File No. .....
Registered No. .....

2. FULL NAME Mrs Eliza A. Trower
(a) Residence. No. 1104 Iowa 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Trower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	0	6	

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

9. BIRTHPLACE (CITY OR TOWN) Montgomery Cnt. Gumery Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Wm. Crouch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT H. C. Trower
(Address) Louisiana, Mo.

15. FILED 7/8, 1930 F C Haley Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-7 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to July 7, 1930, that I last saw her alive on 7-7, 1930, and that death occurred, on the date stated above, at 1140 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
168
162
101 a
(duration) ..... yrs. 1½ mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D M Pearson, M. D.
7/8, 1930 (Address) Louisiana 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 Riverview Louisiana Mo
DATE OF BURIAL 7-9 1930

20. UNDERTAKER F C Haley Jr
ADDRESS Louisiana 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 PLACE, WITH UNFADING INK—THIS IS A PERMANENT RECORD