SEP 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 80 — File No. 25888

Township Agency, — Primary Registration District No. 5-117 — Registered No.

City (No. 1 1/2 Miles S.E. of Saxton, Mo. St. Ward)

2. FULL NAME Elizabeth H. Karns,

(a) Residence. No. 1 1/2 M.S.E. of Saxton, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paschal W. Karns,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	5	10	

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) Worchester,
(STATE OR COUNTRY) Pennsylvania,

PARENTS

10. NAME OF FATHER Gideon Gilpin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

12. MAIDEN NAME OF MOTHER Eliza Heyburn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT P. G. Karns
(Address) R.F.D.# 1, Saxton, Mo.

15. FILED Aug 13 1930 Mrs. Lucy Powell REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12. 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1930, to Aug. 12, 1930 that I last saw her alive on Aug 12, 1930, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chronic)
93 C
97 (duration) 10 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) General Arteria Sclerosis (duration) 20 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S E Meluney, M. D.
Aug 12, 1930 (Address) 203 Corby Bldg St Joseph 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	DATE OF BURIAL
Ebenezer Cemetery	Aug. 14, 1930

20. UNDERTAKER	ADDRESS
Heaton-Bigole & Bowman Funeral Home	St. Joseph, 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.