

SEP 25 1930

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

Do not use this space.

27250

1. PLACE OF DEATH

County Livingston Registration District No. 514
 Township Madison Primary Registration District No. Madison 7
 City Madison (No. 5683) St. 7 Ward

File No. 137Registered No. 7**2. FULL NAME**Elizabeth Ann Lundy

(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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Lundy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 7 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY) England10. NAME OF FATHER Abraham Culling11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England12. MAIDEN NAME OF MOTHER Malina Miles13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England14. INFORMANT Mrs. Culling
(Address) Braymer, Mo15. FILED Jan 19 30 Lucy Moore
REGISTRAR**MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 1st 1930

17. HEREBY CERTIFY, That I attended deceased from July 25, 1920, to Aug 1st, 1930, and that I last saw her alive on Aug 1st, 1930, and that death occurred, on the date stated above, at 12:25 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:Myocarditis (chronic)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTEDIF NOT AT PLACE OF DEATH Place of deathDID AN OPERATION PRECEDE DEATH? No DATE OF _____WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS None(Signed) Lucy Moore M. D.8/2, 1930 (Address) Braymer, 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 Monroe DATE OF BURIAL 8-2-193020. UNDERTAKER B. F. Mead ADDRESS Mo. Braymer

