WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

APR 27 1931

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

Do not use this space.

File No. 12937

Registered No. 98

1. PLACE OF DEATH

County: Vernon — Registration District No. 875

Township: — Primary Registration District No. 3039

City: Nevada (No. ..... St. ..... Ward)

2. FULL NAME: Elizibeth Ann Headley

(a) Residence, No. 531 E Cheny St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. W. Headley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30 1858

7. AGE: YEARS 72 MONTHS 11 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2 yrs

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy Missouri

FATHER

13. NAME: Martin Sheets

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford Ken Lugbey

MOTHER

15. MAIDEN NAME: Melinda Motter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford Ken Lugbey

17. INFORMANT (ADDRESS): Sterling Jones Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Deepwood Cemet DATE: 3/31/1931

19. UNDERTAKER (ADDRESS): Fenn Funeral Home Nevada Mo

20. FILED 4/1/1931 E. R. Ring Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23 1931 to Mar. 27 1931

I last saw her alive on Mar. 27 1931. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with cardiac decompensation	?
130	
150	
950	
950	

Other contributory causes of importance:

Chr. interstitial nephritis	?
Arteriosclerosis	

Name of operation: — Date of:

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. R. King, M. D.

(Address) Nevada, Mo.