

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

Do not use this space.

17306

1. PLACE OF DEATH

County Nodaway Registration District No. 6251
 Township Polk Primary Registration District No. 3031
 City Maryville (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 54
 St. _____ Ward _____

2. FULL NAME Elizabeth Ann Tilton.

(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 Widowed. (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>78</u>	<u>3</u>	<u>19</u>	

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

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

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) Nodawayco. Mo.

13. NAME John Brown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Percilla Bohansahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.
Celia Masters.

17. INFORMANT Skidmore Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Miriam Cemetery DATE May 11, 1933

19. UNDERTAKER Price Fur, Co.

(ADDRESS) Maryville Mo.

20. FILED 5-11-33 Maryville Mo.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1933

22. I HEREBY CERTIFY that I attended/deceased from March 21, 1933, to May 8, 1933

I last saw her alive on May 8, 1933 Death is said to have occurred on the date stated above, at 8:30 AM

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

Acute Gangrenous Cholecystitis Date of onset _____

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Cleval 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 1933

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) Chas. T. Bell, M. D.
 (Address) Maryville, 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. JUN 23 1933

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