

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

Do not use this space.

33663

1. PLACE OF DEATH

County Macon
Township Chariton
City (No.) St. Ward)

Registration District No. 529
Primary Registration District No. 5705

File No.
Registered No.

2. FULL NAME

Elizabeth Gilstrap

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.T. Gilstrap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 6

OCCUPATION 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) Macon County

FATHER 13. NAME F. P. Phipps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo

MOTHER 15. MAIDEN NAME Nancy Lunstford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT W.T. Gilstrap
(ADDRESS) Macon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE Oct 14 1933

19. UNDERTAKER Albert Skinner
(ADDRESS) Macon, Mo

20. FILED 11-10 1933 J. P. Trippe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Oct 12 1933
I last saw her alive on Oct 11 1933 Death is said to have occurred on the date stated above, at 4:30P m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
g. J. Phipps
Date of onset Several years ago
Other contributory causes of importance:

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) J. P. Phipps, M. D.
Mosey
(Address) MU

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.

11 10 1933

