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.

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7
6

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

Do not use this space.

9787

APR 25 1934

1. PLACE OF DEATH
County Montgomery — Registration District No. 595 — File No. 6
Township Upper Louisa — Primary Registration District No. 4353 — Registered No. 6
City Wellsville (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth McElfresh.
(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 (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Tom McElfresh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 14 - 1859

7. AGE YEARS 75 MONTHS 1 DAYS 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Middletown Missouri

FATHER
13. NAME John McElfresh.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland.

MOTHER
15. MAIDEN NAME Sara Ann Jones.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland.

17. INFORMANT (ADDRESS) Della M. Johnson 2363 Park Ave Cin. Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo DATE Mar - 20 1934

19. UNDERTAKER (ADDRESS) F. W. Kuhne Wellsville Mo.

20. FILED Mar 22 1934 Mrs Mike McDermott Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1934, to Mar 18, 1934
I last saw her alive on Mar 18, 1934 Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Mar 11 34
82A	
10	

Other contributory causes of importance: Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) J. Byland, M. D.
(Address) Wellsville Mo.