

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 20 1927

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

Do not use this space.

12193

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
 Township _____ Primary Registration District No. 3020 Registered No. _____
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth Hallingford
 (a) Residence, No. Johnson 75th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred Hallingford</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 29 1856</u>				
7. AGE	YEARS <u>80</u>	MONTHS <u>11</u>	DAYS <u>3</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Milford Kentucky</u>				
MOTHER FATHER	13. NAME <u>Nathan E. Marsh</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>			
17. INFORMANT <u>Heidi Hallingford</u> (ADDRESS) <u>Carthage, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>Mar 3 1927</u>				
19. UNDERTAKER <u>Knell Mortuary</u> (ADDRESS) <u>Carthage, Mo.</u>				
20. FILED <u>Mar 5 1927</u> <u>S. B. Clinton</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1927

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1931 to Feb 28 1937
 I last saw her alive on Mar 1 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Uremia
Chr nephritis
arteriosclerosis
 Date of onset 2/22/37
(11)

Other contributory causes of importance:
arteriosclerosis

Name of operation none Date of _____
 What test confirmed diagnosis? physical 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) George H. Wood _____, M. D.
 (Address) Carthage Mo.

