

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

Do not use this space.

REC'D APR 21 1938

11522

1. PLACE OF DEATH

County *Monroe*

Registration District No. *581*

File No.

Township *Monroe City*

Primary Registration District No. *4343*

Registered No. *10*

City *Monroe City*

(No.)

St.

Ward)

2. FULL NAME *Lucy Ebery*

(a) Residence, No.

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *28* 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 *Female*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March - 6th 1938*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *David J. Ebery*

I HEREBY CERTIFY, That I attended deceased from *Feb 20th 1938*, to *March 6th 1938*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 6 - 1856*

I last saw her alive on *March 5th 1938*. Death is said to have occurred on the date stated above, at *8:30* a.m.

7. AGE YEARS *81* MONTHS *11* DAYS *—* If LESS than 1 day, hrs. or min.

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Retired 15 years*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *21*

*Cerebral softening
gross thrombosis
82 B.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Winchester Ill.*

Other contributory causes of importance: *Uterine - Pelvic
& Perilic*

13. NAME FATHER *Joseph Summers*

Name of operation *none* Date of

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

What test confirmed diagnosis *clinical* Was there an autopsy? *No*

15. MAIDEN NAME MOTHER *Mary Edmondson*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *—* Date of injury, 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

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

17. INFORMANT (ADDRESS) *Kathleen E. Rouse*

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

18. BURIAL, CREMATION, OR REMOVAL PLACE *Winchester Ill* DATE *March - 7th 1938*

Manner of injury *—* Nature of injury

19. UNDERTAKER (ADDRESS) *Wilson & Son - Monroe City Mo.*

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

20. FILED *3/6* 1938 *W D Piptin* Registrar.

(Signed) *W D Piptin* M. D. (Address) *Monroe City Mo.*

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.

