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.

REC'D AUG 2 1 1938

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

25405
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy — Registration District No. 328
(b) Township — Primary Registration District No. 3017 — Registered No.
(c) City Trenton — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Pence 52
(a) Residence, No. 515 West 13th St.
(Usual place of abode, if no street address, write county or city) (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: Allie Pence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-9-1859

7. AGE: YEARS 78 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as 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): Missouri 0

FATHER
13. NAME: William Thomas 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky. 1

MOTHER
15. MAIDEN NAME: Rachel Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Allie Pence

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Grove — DATE: 7-7-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gipson's Trenton, Mo.

20. FILED 7-6 1938 Irene D Faw
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-5-38, 19

22. I HEREBY CERTIFY, That I attended deceased from June 25th, 1938, to July 5th, 1938.
I last saw her alive on July 3rd, 1938. Death is said to have occurred on the date stated above, at 11 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 25th 1938
82	
Other contributory causes of importance:	
Arteriosclerosis	??
Hypertension	??

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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? No
If so, specify
(Signed) Clinton F. Duffy, M. D.
(Address) Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Chas. D. Gipson, or by .....

Registered Apprentice, No....., working under my personal supervision.

Signed Chas D Gipson

Licensed Embalmer No. 3109

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.