

REC'D SEP 15 1939

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

28483

Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Saltriver Primary Registration District No. 3002 Registered No. 119
 (c) City Mexico mo (d) Street No. 814 E. Liberty 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Virginia Head

(a) Residence, No. 814 E. Liberty St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James G. Head

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 4 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Clear Springs, 1
 (STATE OR COUNTRY) Maryland

FATHER 13. NAME Abraham Sosey 1

14. BIRTHPLACE (CITY OR TOWN) Franklin County, 1
 (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Eliza Chew

16. BIRTHPLACE (CITY OR TOWN) Berkley County,
 (STATE OR COUNTRY) Va.

17. INFORMANT Charles Head
 (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
 PLACE Elmwood Cemetery, DATE August 6, 1939

19. FUNERAL DIRECTOR (NAME) H. A. Precht & Son
 (ADDRESS) Mexico, Mo.

20. FILED Aug 5 - 1939 Blanche Neely 23
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Aug 4, 1939

I last saw her alive on July 31, 1939. Death is said to have occurred on the date stated above, at 10:00 P. M.

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

General arteriosclerosis
chronic myocarditis
52

Other contributory causes of importance:
acute pyelitis, bilateral
Basal cell carcinoma of scalp.

Name of operation none Date of —
 What test confirmed diagnosis? Plup. findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? none
 (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 no

(Signed) H. A. Precht, M. D.

(Address) Mexico Mo

RECEIVED

District Health Officer No. 10

District File Number 9-39-15-83

Date Filed SEP 8 1939

STATEMENT BY LICENSED EMBALMER

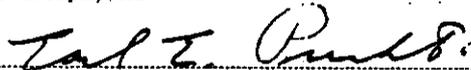
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Earl E. Precht

or by

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

Signed



Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

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