SEP 27 1928

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

Do not use this space.

1. PLACE OF DEATH
County Sullivan Registration District No. 929
Township Duncan Primary Registration District No. 6121
City Cora Mo (No. St. Ward)

File No. 29485
Registered No. 8

2. FULL NAME ~~E~~ Elizabeth Catherine Head
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
55	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cora
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER D. L. Brinkley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Martha Reiner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Thomas Head
(Address) Cora, Mo

15. FILED Aug 8, 1928 J W Rogers REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug. 7, 1928, that I last saw her alive on Aug 15, 1928 and that death occurred, on the date stated above, at 12:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis, acute + chronic
92A
91A
(duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. S. Montgomery, M. D
Aug 7, 1928 (Address) Milan Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Duncan Township
White Oak Grove Cem
DATE OF BURIAL Aug 8 1928

20. UNDERTAKER C. H. Schoene
ADDRESS Milan Mo

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.