

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

Do not use this space.

21405
2537

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1201 Reservoir
 City Mauscaton No. 1201 Reservoir St. 3 Ward) 3 (If nonresident, give city or town and State)

2. FULL NAME Elizabeth Lord
 (a) Residence. No. 1201 Reservoir St. 3 Ward. (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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. J. Lord

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 9 12

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

9. BIRTHPLACE (CITY OR TOWN) Moell (STATE OR COUNTRY)

10. NAME OF FATHER Thos Worthington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

14. INFORMANT William Lord (Address) 1201 Reservoir

15. FILED 6/5, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1929 to June 5, 1929 that I last saw him/her alive on June 14, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
108
820/10/10 (duration) yrs. mos. ds.

CONTRIBUTORY Analyses (SECONDARY) (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) E. C. Remley, M. D.
6/5, 1929 (Address) 206 Argyle

*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 Fristoe Mo DATE OF BURIAL 6/6, 1929

20. UNDERTAKER Mrs G. L. Foster ADDRESS 111

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.

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