LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

40862

1 PLACE OF DEATH

County: Marion

Township: Round Grove

or

Village:

or

City: (NO. ; St.; Ward)

Registration District No.: 551

Primary Registration District No.: 5744

File No.:

Registered No.: 9

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME: Elanor Gardhouse

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: About (Month) (Day) 1833 (Year)

7 AGE: About 83 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry business, or establishment in which employed (or employer):

9 BIRTHPLACE (City or town, State or foreign country): Ireland

PARENTS

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Edd Gardhouse
(Address): Palmyra Mo

15
Filed: Nov. 12, 1918 J. H. Crebs Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 4 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dead when I arrived, 191, to 191,
that I last saw h alive on 191,
and that death occurred, on the date stated above, at 8 p.m.
The CAUSE OF DEATH* was as follows: unknown
Hemorage of Lungs
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

(Signed): J. B. McPike M. D.
Nov 5, 1918 (Address): Palmyra Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Bank Cemetery

DATE OF BURIAL: Nov 6, 1918

20 UNDERTAKER: A Leach

ADDRESS: Maut Wood

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CERTIFICATE OF DEATH

1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St. ..... Ward)

(If death hospital o give its N of street

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

7 AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

OCCUPATION
a) Trade, profession, or particular kind of work .....

General nature of industry ess, or establishment in employed (or employer) .....

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n, State or foreign country)

ME

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, State or foreign country)

TRUE TO THE BEST OF MY KNOWLEDGE

.....

Address) .....

ed ....., 191....., ...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

..... (Month) ..... (Day)

17 I HEREBY CERTIFY, that I attended dec

....., 191....., to .....

that I last saw h.....alive on .....

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

.....

.....

..... (Duration).....yrs.....mo

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mo

(Signed) .....

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent (1) Means of Injury; and (2) whether Accidental, Suicidal o

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BUR

20 UNDERTAKER	ADDRESS