

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

Do not use this space. **1921**

MAR 20 1928

1. PLACE OF DEATH

County Morgan Registration District No. 578 File No. _____
 Township Wardsville Primary Registration District No. 4353 Registered No. 8
 City Wardsville (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Elizabeth Stogall

(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 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 Stth Stogall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25th 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 | 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) (STATE OR COUNTRY) Morgan Co. Mo -

10. NAME OF FATHER Joseph H. Cooper

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

12. MAIDEN NAME OF MOTHER Nancy L. McJannet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo

14. INFORMANT (Address) Robert Cooper - Wardsville Mo -

15. FILE 1/27 1928 H N Tutman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25th 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 20, 1928, to Jan 27, 1928 that I last saw her alive on Jan 25, 1928, and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108 / 101A (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual sig. tests

(Signed) S M M... M. D.

Jan 25, 1928 (Address) Wardsville 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 Wardsville Cemetery DATE OF BURIAL Jan 27 1928

20. UNDERTAKER Wardsville's Wardsville Mo ADDRESS _____

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.

