

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Wata Grove
City Wata Grove (No.)

Registration District No. 908
Primary Registration District No. 4549

File No. 13028
Registered No. 14 Ward

2. FULL NAME

Elizabeth Upshaw Pease
(a) Residence, No. St., Ward.

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 C.E. Pease

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1853

7. AGE YEARS 77 MONTHS 7 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23rd

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

13. NAME Leroy Upshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabersville 31

15. MAIDEN NAME Lydia Parsons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wata Grove Ind. 2

17. INFORMANT (ADDRESS) Mrs. Nora Shields

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest DATE 4-1-1931

19. UNDERTAKER (ADDRESS) Bottom Funeral Home, Geo Stoff

20. FILED 4/2 1931 W. J. C. C. C. C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-1931

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1931, to 3-30 1931

I last saw her alive on 3-30 1931. Death is said to have occurred on the date stated above, at 3 a.m.

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

Angina Pectoris Date of onset

927
940 927

Other contributory causes of importance:

Mitral insufficiency
Jaw trouble

Name of operation Date of

What test confirmed diagnosis? examined Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (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 0

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. G. James, M. D.

(Address) Wata Grove

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.

APR 27 1931

1954