

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

Do not use this space.

19131

1. PLACE OF DEATH

County Saline
 Townships Proctor
 City Marshall (No. 753)

Registration District No. 796
 Primary Registration District No. 3038
24 North St.

File No.
 Registered No. 70 St. Ward)

2. FULL NAME

Elizabeth P. Fenwick

(a) Residence, No. St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. F. Fenwick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1847</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>110</u>
	DAYS <u>0</u>	IF LESS than 1 day, hrs. min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Jackson Co. Mo.

MOTHER FATHER 13. NAME
John Staples

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Jackson Co. Mo.

15. MAIDEN NAME
Susan Childs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tenn

17. INFORMANT (ADDRESS)
B. F. Fenwick Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Arrow Rock, Mo DATE May 19, 1934

19. UNDERTAKER (ADDRESS)
Vandiver Mortuary Marshall, Mo.

20. FILED 5-17-34 Saline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1934
 I HEREBY CERTIFY, That I attended deceased from May 17, 1934 to May 17, 1934
 I last saw him alive on May 16, 1934 Death is said to have occurred on the date stated above, at 2:00 A. M.
 The principal cause of death and related causes of importance were as follows:

arterial sclerosis Date of onset 1928
97

Other contributory causes of importance:

Name of operation 0 Date of 6-20
 What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) M. Shuman M. D.
 (Address) Marshall, 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.

JUN 26 1934

