

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

Do not use this space.

6987

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis (No. 1719) Waverly St. 1954 (Ward)

2. FULL NAME

Elizabeth A Duckworth
 (a) Residence. No. 1719 Waverly St. 23 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 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 Mrs G. Duckworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14 1854

7. AGE - YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 ✓ 7

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

9. BIRTHPLACE (CITY OR TOWN) Mt Vernon Ind.
 (STATE OR COUNTRY)

10. NAME OF FATHER Adam H. Burleson

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

12. MAIDEN NAME OF MOTHER Unknown Albright

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

14. INFORMANT Mrs G. Duckworth
 (Address) 1719 Waverly Pl.

15. FILED 23 1928 Marie Starves REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1928

17. I HEREBY CERTIFY That I attended deceased from 2:15 P.M., 1928, to 3:17 P.M., 1928, that I last saw him alive on Feb 27, 1928, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
930
9:30 P.M.
 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) acute cardiac dilatation
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

Did an operation precede death? No DATE OF.....

Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Mrs Freund M. D.
7/27, 1928 (Address) 1727 Lafayette St

*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 New St. Marcus DATE OF BURIAL 2-24 1928

20. UNDERTAKER Mrs Schumacher ADDRESS 3023

K. 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.

RECORD

11-18