170.
22 1928

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

Do not use this space. Taylor

23351

1. PLACE OF DEATH
County: Cole
Township:
City: Jefferson (No. ..... St. ..... Ward)
Registration District No. 215
Primary Registration District No. 5014
File No.
Registered No. 170

2. FULL NAME: Ann Elizabeth Marceau
(a) Residence. No. 925 Adams St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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): Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Jos. O. Marceau

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 20-1844

7. AGE: Years 84 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Hardin Ill.

PARENTS
10. NAME OF FATHER: Chas. Hart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.
12. MAIDEN NAME OF MOTHER: Eliza Brannon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): W. Va.

14. INFORMANT: Mrs. Halohan
(Address) Boston, Mass.

15. FILED 8-1, 1928 J. C. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928, to July 12, 1928, that I last saw her alive on July 10, 1928, and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
unknown (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? Physical & Lab
(Signed) J. Taylor, M. D.
7/16/28 (Address) Jefferson City 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: Riverview Cem. J.C.
DATE OF BURIAL: 7-13-1928

20. UNDERTAKER: C. P. Heinrichs
ADDRESS: J.C. 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.