

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

Do not use this space.

34648

1. PLACE OF DEATH

County St. Louis Registration District No. 788 File No. 109
 Township Ca. Primary Registration District No. W 797 Registered No. 109
 City Kirkwood (No. Bethesda Hospital) St. _____ Ward)

2. FULL NAME

(Mrs.) Elizabeth Saxton
 (a) Residence. No. Sulphur Springs Ward. Missouri
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 88 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (Or) WIFE OF John M Saxton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>86</u>	<u>7</u>	<u>7</u>	<u>7</u>	

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) Baltimore
 (STATE OR COUNTRY) Maryland

10. NAME OF FATHER Patrick J Devine

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

12. MAIDEN NAME OF MOTHER Margaret Ryan

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

14. INFORMANT John Albion Smith
 (Address) 1031 Canal St. New Orleans La

15. FILED 10-26-28 Arthur W. Westrup
 REGISTRAR
per Eric Person

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26 1928

17. I HEREBY CERTIFY That I attended deceased from 2-1-1926 to 10-26-1928
 that I last saw her alive on 10-25-1928, and that death occurred, on the date stated above, at 7 H m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
329
162 (duration) yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility
 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? At Home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
 (Signed) Arthur W. Westrup M. D.
10-26-1928 (Address) Epstein Groves 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 Sulphur Springs Mo DATE OF BURIAL Oct 27 1928

20. UNDERTAKER Parker and Co. ADDRESS Webster Groves

RECORDING INK--THIS IS A

Physicians should state occupation is very important. AGE should be stated. Exact statement should be carefully supplied. Exact statement should be properly classified. Exact statement should be properly classified.

N. B. CAUSE

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis Registration District No. 785- File No. _____
 Township Carondelet Primary Registration District No. 6248 Registered No. 103 239
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Sulphur Springs Mo. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 86 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John M Saxton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 7 7

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) Baltimore
 (STATE OR COUNTRY) Maryland

10. NAME OF FATHER Patrick Devine

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

12. MAIDEN NAME OF MOTHER Margaret Ryan

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

14. INFORMANT John Albert Saxton
 (Address) 1031 Canal St New Orleans La

15. FILED 12/10, 19. 28 C. E. Barnett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26 1928
 17. I HEREBY CERTIFY That I attended deceased from 2-1 1928 to 10-26 1928
 that I last saw him alive on 10-25 1928, and that death occurred, on the date stated above at 4 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
 CONTRIBUTORY Senility
 (SECONDARY) (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? Clinical Findings
 (Signed) Arthur W Westrup M. D.
 (Address) Webster Groves 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 Sulphur Springs mo DATE OF BURIAL Oct 27 1928

20. UNDERTAKER Parker and Co. ADDRESS Webster Groves

WITH UNFADING INK---THIS IS A PERMANENT COPY
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCASIONAL VARIATION is very common. PRESCRIBED BY LAW
 RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE REGISTERED

PERMANENT COPY

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