

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. 1825 1/2eyer Ave.)
 St. Ward)

35330

File No.
 Registered No. **10319**

2. FULL NAME

Mary Ellen Canfield
 (a) Residence. No. 1825 1/2eyer Ave. Ward.
 (Usual place of abode) 73
 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. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eddie Canfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 | 7 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wash Butter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Apple

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Mrs Lucille Bittich
 (Address) 182 1/2eyer Ave

15. FILED 10-22-1928 Max B Starck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19, 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 13, 1928, to Oct 16, 1928 that I last saw her alive on Oct 18, 1928, and that death occurred, on the date stated above, at 5:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

No Pneumonia
128 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 125
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physicial

(Signed) L. B. DeBevoise, M. D.

Oct 20, 1928 (Address) 7446 O'Grady

*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 Trinity, Mo. DATE OF BURIAL 10-20-1928

20. UNDERTAKER Trinity, Mo. ADDRESS Trinity, 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.

