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

Do not use this space.

15883

1. PLACE OF DEATH
County St Louis Registration District No. 790 File No.
Township Central Primary Registration District No. 6033 Registered No.
City ~~Marsh Heights~~ 9220 Shortridge St. Ward)

2. FULL NAME Elcy Proffitt
(a) Residence. No. 9220 Shortridge Ward. Clayton Route
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Femal
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 J. L. Proffitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 - 1852

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
76	4	27	

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) Centerville
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER John Little
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) U S A
12. MAIDEN NAME OF MOTHER Nancy Acheson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) U S A

14. INFORMANT Cora Blzwanger,
(Address) 9220 Shortridge Ave

15. FILED 4-10, 1929 Katherine W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 9 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-5, 1928 to 4-9, 1929
that I last saw her alive on 4-8, 1929, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion
93D
118C
(duration) yrs. mos. 1 ds.

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

90B

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) R. H. Williams, M.D
, 19 (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 Wesleyan
DATE OF BURIAL Apr 11 1929

20. UNDERTAKER Parker Mud Co
ADDRESS Webster Groves

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.

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