

MAR 28 1930

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

Do not use this space.

5975

1. PLACE OF DEATH

County Phelps  
Township N. Dillon  
City (No. ....) .....

Registration District No. 678  
Primary Registration District No. 5902

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Lizzie Lenox

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 20 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 widowed not date known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 " " "

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

9. BIRTHPLACE (CITY OR TOWN) don't know  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know  
(STATE OR COUNTRY) .....

14. INFORMANT O. N. Mattlock  
(Address) St James Mo

15. FILED 3-1 1930 Henry H. Walters  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 - 1930

I HEREBY CERTIFY, That I attended deceased from Jan 29 to Feb 27, 1930  
that I last saw her alive on Feb 18, 1930, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic interstitial nephritis  
131 (duration) 2 yrs. .... mos. .... ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) William H. Brewer, M. D.  
2/28, 1930 (Address) St James 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 Matlock cem DATE OF BURIAL Feb 28 1930

20. UNDERTAKER W. E. Locksides ADDRESS St James Mo

PARENTS

