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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 8 1931

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

Do not use this space.

28746

1. PLACE OF DEATH
County Linn — Registration District No. 5'00 — File No.
Township ~~Jefferson~~ — Primary Registration District No. 4303 — Registered No. 13
City LaClede (No. , St. Ward)

2. FULL NAME Elizabeth Catherine Lomax
(a) Residence, No. 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: Wm Lomax

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17. 1857

7. AGE: YEARS 73 — MONTHS 9 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Co., Missouri

FATHER
13. NAME: John W. Patrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Margaret Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs A Andrews, LaClede Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE Aug 3 1931

19. UNDERTAKER (ADDRESS): W. G. Thorne, LaClede Mo

20. FILED 8/2/31 19 F. W. Burke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/1/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1925, to 8/1/31, 19
I last saw her alive on July 27, 1931. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis — Date of onset
131
93D
109
131

Other contributory causes of importance:
High blood pressure
Insufficiency of heart muscle

Name of operation: none — Date of
What test confirmed diagnosis? Symptoms — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) F. W. Burke, M. D.
(Address) LaClede Mo