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

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.

DEC 26 1931

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

Do not use this space.

38811

File No.

Registered No. 106

1. PLACE OF DEATH

County St. Louis — Registration District No. 788

Township Central — Primary Registration District No. #471

City Shrewsbury Park (No. 7309 Nottingham Ave. St. Ward)

2. FULL NAME Elizabeth Overton

(a) Residence, No. 7309 Nottingham Ave. 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 John F. Overton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8-1860

7. AGE: Years 71 — Months 8 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) North Carolina

FATHER

13. NAME Elisha Overton.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Mary E. Fuller.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

17. INFORMANT (ADDRESS) Miss Dorris Overton 7309 Nottingham Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Nov. 16, 1931

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc. 2146 Manchester Ave.

20. FILED 11-14, 1931 Dr. A. W. Kerting, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Valvular disease — Date of onset

92A (Chronic)

97

92A

Other contributory causes of importance: Arterio Sclerosis.

Name of operation None Date of

What test confirmed diagnosis? Med. History 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) John O'Connell, M. D.

(Address) Coroner of St. Louis County