

13695-2^a

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

Do not use this space.

13695-2

1. PLACE OF DEATH

93 County St. Clair
Township Center
City (No.) St. Ward)

Registration District No. 764
Primary Registration District No. 6007

File No.
Registered No. 6

2. FULL NAME

Elizabeth Lipton Wilcox

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 56 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 f 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Wilcox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1847

7. AGE YEARS 85 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

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. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo

13. NAME Nathan Lipton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Ely. Ballinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mary Simons Orsola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Yates Cem. DATE 4-19 1932

19. UNDERTAKER (ADDRESS) C. S. Hull Orsola Mo

20. FILED 5/20 1932 J. S. Alexander Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 1935 to 4-18, 1932

I last saw her alive on about 2-20, 1932. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:
arterio-sclerosis
97
102 PM
Other contributory causes of importance: old age

Date of onset year age

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Ruth Severs M. D.
(Signed) Orsola Mo (Address)

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.

APR 27 1932

