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

Do not use this space.

28131

1. PLACE OF DEATH

County Saline — Registration District No. 796

Township — Primary Registration District No. 3038

City Marshall (No. 753 W. North St. St. Ward)

File No.

Registered No.

2. FULL NAME Elsie Maye Fenwick

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

(If nonresident, give city or town and State)

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.

SEP 27 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	19	8	16	

OCCUPATION

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

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) Cooper Co. Mo.

FATHER

13. NAME Dan Fenwick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

MOTHER

15. MAIDEN NAME Mary French

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

17. INFORMANT Mrs. Mary Fenwick (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock, Mo DATE Aug 18, 1932

19. UNDERTAKER Vandiver Mortuary (ADDRESS) Marshall Mo

20. FILED 9-9-, 1932 C. L. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1932 to X, 19.... I last saw h alive on ✓, 19.... Death is said to have occurred on the date stated above, at 6 15 m.

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

	Date of onset
accidental or Suicidal. By Pistol Shot wound, through head. Said Pistol Being held in her hand.	
Other contributory causes of importance:	
✓	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury...., 19....

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Pistol Shot wound.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify....

(Signed) B. L. Bradshaw-Cor., M. D.

(Address) Arrow Rock, Mo.