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.

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

Do not use this space.

30449

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. .....

City St Louis (No. 4330 De Soto Ave St. ..... Ward)

File No. .....

Registered No. 8107

2. FULL NAME Harriet E Liston

(a) Residence, No. 4330 De Soto Ave St., 9 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: Michael Liston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 15, 1861

7. AGE: YEARS 70 MONTHS 9 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Ill 2

FATHER

13. NAME: John F. Linehan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 31

MOTHER

15. MAIDEN NAME: Harriet E De Witt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn 2

17. INFORMANT (ADDRESS): Mrs. Fred Gehner 4330 De Soto Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chebanse Ill. DATE: Sept 7, 1932

19. UNDERTAKER (ADDRESS): A Kron L & U. Co. 2707 N Grand Blvd

20. FILED: SEP -7 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Sept, 19..
I last saw her alive on Aug 29, 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

92A

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

92A

9

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 .....
(Signed) D. A. Thomson, M. D.
(Address) 3121 N Grand Bl.