WHITE PERFECT, 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.

NOV 28 1932

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

Do not use this space.

33415

1. PLACE OF DEATH
County St Louis
Township Central
City Webster Groves (No. 140 So Elm St. Ward)

Registration District No. 788
Primary Registration District No. 4471

File No.
Registered No. 100

2. FULL NAME Mary Emily Overton

(a) Residence, No. 140 So Elm Ave St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	10	15	

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) Plainfield New Jersey

FATHER
13. NAME Isaac Lafever Overton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Martha Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Martin Belle Bonnmare 140 S Elm Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefountaine DATE Oct 31 1932

19. UNDERTAKER (ADDRESS) Parker Und Co Webster Groves Mo

20. FILED 10-31 1932 Dr. A. W. Westrup Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29 1932

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1932 to October 29, 1932
I last saw her alive on Oct 29 1932 Death is said to have occurred on the date stated above, at 4 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinsons disease	May 1929
Auriculae Fibrillation	Aug 1932
Extensive Decubitus	Aug 1932

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical 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) H. A. Goodrich, M. D.
(Address) 17 E. Lockwood Webster Groves