

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.

34121

1. PLACE OF DEATH

County _____ Registration District No. 10887
 Township St. Louis Primary Registration District No. 30
 City Webster Groves (No. Pracouver No. 6) St. _____ Ward _____

File No. 9474
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Elizabeth Anna Marion
 (a) Residence, No. 411 Algonquin Place Ward. 4 Webster Groves Mo.
 (Usual place of abode) (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30 - 1847</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>8</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		11. Total time (years) spent in this occupation <u>91</u>
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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Lewis Hite</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	15. MAIDEN NAME <u>Dorothy Ruffner</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>Dorothy V. Nelson</u> <u>Webster Groves Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Feb 26 1932</u>	
19. UNDERTAKER (ADDRESS) <u>John & Ziegenhain & Sons</u> <u>201 20th St. St. Louis</u>	
20. FILED _____ 19 <u>32</u> _____ Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929 to Oct 24, 1932.
 I last saw him alive on Dec 24, 1932. Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis
hypertension
fracture of left femur
 Date of onset 1860

Other contributory causes of importance: 1860

Name of operation fracture of left femur Date of accident
 What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, outside, or homicide? no Date of injury 9/25, 1932
 Where did injury occur? Webster Groves Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in home
 Manner of injury fall to the floor at home
 Nature of injury fracture left femur

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) Henry S. Spence, M. D.
 (Address) 301 1/2 E. 11th St.

