

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

Do not use this space.

41916

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 4221) W. 21st St.

File No. _____
Registered No. 11006
St. _____ Ward _____

2. FULL NAME

Medera G. Furton
(a) Residence, No. 4221 W. 21st St. 9 Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Dardenee Mo. 1

FATHER 13. NAME Luther Gill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME Arbelia Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

17. INFORMANT (ADDRESS) Edie Walker
4221 W 21st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville Mo. DATE Dec 14 1932

19. UNDERTAKER (ADDRESS) Pitman Wood
Wentzville Mo

20. FILED DEC 12 1932 Blay & Stankley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 , 1932, to Dec 10 , 1932

I last saw him alive Dec 10 , 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Arterio-sclerosis
9300 Poppy
82A
9300
Other contributory causes of importance: arterio-sclerosis

Date of onset Nov. 20

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) J. Marder , M. D.
(Address) 1155 N. Vandeventer Ave

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.

