

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis
Township Bohannon
City Kirkwood

Registration District No. 785-
Primary Registration District No. 6031
(No. 337 E Jefferson Ave)

File No. 20927
Registered No. 152
St. _____ Ward _____

2. FULL NAME

Elizabeth Butler Macken
(a) Residence, No. 337 E Jefferson Ave St. _____ Ward Kirkwood 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 18

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

13. NAME W^m David Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

15. MAIDEN NAME Mary Jane Morton

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

17. INFORMANT (ADDRESS) John A. Lange 3501 Midway St

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Hill DATE 7-3-1933

19. UNDERTAKER (ADDRESS) Louis H. Bopp Kirkwood Mo

20. FILED 7-1- 1933 L. E. Barnett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 to June 30, 1933
I last saw her alive on June 30, 1933 Death is said to have occurred on the date stated above, at 1:30 P. m.

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

Carcinoma Uterus → Metastasis to myometrium
48

Other contributory causes of importance:
Carcinoma of the sigmoid
tubes and ovaries
Abdominal aortic glands

Name of operation None Date of _____
What test confirmed diagnosis Pathology Was there an autopsy Postal

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) John A. Lange M. D.
(Address) 921 N. Kirkwood Rd
Kirkwood Mo.

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.

1933

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