

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

Do not use this space.

23384

**1. PLACE OF DEATH**

County Jackson Registration District No. 333  
 Township Law Primary Registration District No. 333  
 City H.C. No. (No. 111 Olive Avenue) St. 3090 Ward

**2. FULL NAME**

(a) Residence, No. 111 Olive 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. H. Fenton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15-1851</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>7</u>
		DAYS <u>13</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>		
FATHER	13. NAME <u>no Record</u> 9	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>	
	15. MAIDEN NAME <u>Martha Weible</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. W. G. Frost</u> <u>111 Olive, H.C. No.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unwood</u> DATE <u>7-31-33</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. E. L. Foster</u> <u>418 Brooklyn ave</u>		
20. FILED <u>July 30, 1933</u> <u>M. H. Crowl</u> <u>Registrar.</u>		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-1933

22. I HEREBY CERTIFY, That I attended deceased from 3/1/33 to 7/28-1933

I last saw her alive on 7/28 7/28 1933 Death is said to have occurred on the date stated above, at 4:30 m.

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

Chronic Myo Carditis Date of onset 3/1/33

Other contributory causes of importance:

Arterio sclerosis

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?.....

If so, specify.....

(Signed) D. H. Russell, M. D.

(Address) 2271 E. 11th

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.

Handwritten signature or initials at the top right of the page.

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