

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.

JUL 20 1933

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

Do not use this space.

26814

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
Township Woburn Primary Registration District No. 5575
City St. Louis (No. _____) St. _____ Ward _____

File No. _____

Registered No. 81

2. FULL NAME

Lisa Jane Torrence
(a) Residence, No. 1424 Herculaneum Mo. 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 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edmund Torrence
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19 - 1882
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 9 22
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) Washington Co. Mo.

13. NAME Geo. Bay

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

15. MAIDEN NAME Clem Cemar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) old miss. Mo.

17. INFORMANT Edmund Torrence
(ADDRESS) Herculaneum Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herculaneum Mo. DATE 9-13 1933

19. UNDERTAKER Wm F Garberhart
(ADDRESS) Crystal City Mo.

20. FILED 8/11/33 1933 J. E. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1930, to August 10, 1933
I last saw her alive on August 10, 1933. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cerebral apoplexy

Date of onset Dec. 3, 1930
July 25, 33

Other contributory causes of importance: none

Name of operation none 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? no

If so, specify _____ (Signed) B. E. Broekly D.O.

(Address) 207 Main St. Hartley, Mo

