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.

SEP 28 1933

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

Do not use this space.

27598

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 6033a — Registered No. 71
City Clayton (No. 7521, Buckingham St. Ward)

2. FULL NAME Elizabeth H. McFarland
(a) Residence, No. 7521 Buckingham St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles W. McFarland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 5, 1873

7. AGE: Years 60, Months 5, Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): New Jersey

FATHER
13. NAME: Samuel Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER
15. MAIDEN NAME: Nancy D. Hart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT (ADDRESS): Charles W. McFarland, 7521 Buckingham

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Crematory DATE: Aug. 28, 1933

19. UNDERTAKER (ADDRESS): Drehmann Harral, 1905 Union Blvd. Drehmann Harral

20. FILED 8/26/33 19 Robert J. Ambrester, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1933, to Aug 25, 1933
I last saw her alive on Aug 25, 1933. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	[illegible]
131	
98	
19	

Other contributory causes of importance:

Chronic Hypertension	[illegible]
Chronic Nephritis	[illegible]

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) [illegible], M. D.
(Address) [illegible]

Ad Brown
Hall Bldg.
11-1