

JUN 26 1934

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

Do not use this space.

19131

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall

Registration District No. 796
Primary Registration District No. 3038
(No. 753 N. North St.)

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME

Elizabeth P. Fenwick

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>B. F. Fenwick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17, 1847</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>110</u>
	DAYS <u>0</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>Housekeeper</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)
Jackson Co. Mo.

MOTHER	13. NAME <u>John Staples</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Mo.</u>
	15. MAIDEN NAME <u>Susan Childs</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>

17. INFORMANT
(ADDRESS)
B. F. Fenwick
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arrow Rock, Mo. DATE May 19, 1934

19. UNDERTAKER
(ADDRESS)
Vandiver Mortuary
Marshall, Mo.

20. FILED 5-17- 1934 Saline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1934 to May 17, 1934
I last saw him alive on May 16, 1934 Death is said to have occurred on the date stated above, at 2:30 A. M.
The principal cause of death and related causes of importance were as follows:

Natural Saline
Date of onset 1934

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clear Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Shuman, M. D.
(Address) Marshall, Mo.

