

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

Do not use this space.

1. PLACE OF DEATH

County

SEP 13 1934

Registration District No.

791
1003

File No.

30960

Township

Primary Registration District No.

City

(No. 2320 Virginia Ave

Registered No.

8225

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Elizabeth McCabe
2320 Virginia St., 23 Ward.

(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 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 John F. McCabe		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27-1866		
7. AGE	YEARS 67	MONTHS 8
	DAYS 13	IF LESS than 1 day,hrs. ormin.
OCCUPATION	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. at home	
	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) Jefferson City, Mo.		
FATHER	13. NAME John Walter	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
MOTHER	15. MAIDEN NAME Sophia Fechtel	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT (ADDRESS) John F. McCabe 2320 Virginia Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Aug 13 1934		
19. UNDERTAKER (ADDRESS) Pete Bros 3029 Lafayette Ave		
20. FILED AUG 11 1934 J. F. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7th 1934, to Aug 10th 1934. I last saw her alive on Aug 10th 1934. Death is said to have occurred on the date stated above, at 4:30 a.m. The principal cause of death and related causes of importance were as follows:

Angina pectoris 8/7-34
Arteriosclerosis Indefinite

Other contributory causes of importance
Arteriosclerosis Indefinite

Name of operation none Date of operation none
What test confirmed diagnosis? Clinical symptoms 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) W. A. Priest, M. D.
(Address) 1544 So. Broadway

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.

Dr. Fine

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