

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.

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

Do not use this space.

FEB 11 1936

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3611

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City **St. Louis** (No. **Lutheran Hospital**)

File No.
Registered No. **853**
St. Ward)

2. FULL NAME Lizzie T. Follis

(a) Residence, No. 3438 California St. 24 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1865		
7. AGE	YEARS 70	MONTHS 6
		DAYS 12
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework	
	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) **Litchfield**
(STATE OR COUNTRY) **Illinois**

13. NAME **John Follis**

14. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

15. MAIDEN NAME **Dont Know**

16. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

17. INFORMANT Frank Becker
(ADDRESS) 3438 California Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset Burial** DATE **Jan. 24, 1936**

19. UNDERTAKER **Weick Bro's**
(ADDRESS) **2201 So. Grand Blvd.**

20. FILED **JAN 23 1936** J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 22, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **December 23, 1935**, to **January 21, 1936**
I last saw him alive on **January 21, 1936** Death is said to have occurred on the date stated above, at **1:45 A.M.**
The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation due to
Hypertension Heart Disease
Other contributory causes of importance:
Hypertension 95 1/2 years

Date of onset
Jan. 2, 1936

Name of operation none Date of
What test confirmed diagnosis? Physical Exam 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) J. Louis Sutton, M. D.
(Address) 3400 California Ave.

