

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

Do not use this space.

**'AUG 18 1936'**

**29108**  
**7881**

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... **St. Louis, Mo.** (No.....

City..... **Sanitarium**

File No.....

Registered No.....

St..... Ward.....

**2. FULL NAME Elizabeth Duckworth**

(a) Residence, No. **3520 N. Taylor** St., **10** Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred **62** yrs. **5** mos. **1** 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 **E. C. Duckworth**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 22, 1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<b>64</b>		<b>5</b>	<b>1</b>	

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. **at home Housework**

10. Date deceased last worked at this occupation (month and year)..... **about 1931** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**  
(STATE OR COUNTRY)

13. NAME **Andrew Clobes**

14. BIRTHPLACE (CITY OR TOWN) **Unknown England**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Elizabeth Wood**

16. BIRTHPLACE (CITY OR TOWN) **Unknown England**  
(STATE OR COUNTRY)

17. INFORMANT **Dr. R. C. Sinclair**  
(ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens Cem.** DATE **July 25th, 1936**

19. UNDERTAKER **Drehmann Haral**  
(ADDRESS) **1905 Union Blvd.**

20. FILED **JUL 25 1936** **J. H. Predeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 23, 1936** 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1, 1936**, 19, to **July 23, 1936**, 19.....

I last saw her alive on **July 23, 1936**, 19..... Death is said to have occurred on the date stated above, at **10:40 P.M.**

The principal cause of death and related causes of importance were as follows:

**Bronchopneumonia 7-21-36**  
**Chronic Myocarditis 10-1934x**

Date of onset

Other contributory causes of importance:

Name of operation..... 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) **R. C. Sinclair**, M. D.

(Address) **5400 Arsenal St.**

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.

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