

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
Near City Farmington, Mo. (No. _____) St. _____ Ward _____
2. FULL NAME Eliza/Ann Shelton Biby
(a) Residence, No. Creve Couer, Mo. St. 1 Ward _____
(Usual place of abode) (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.

File No. 7929
Registered No. 50

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Thomas Biby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 - 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 0 29

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.
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) not known

FATHER 13. NAME Shelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiram Cemetery DATE March 2, 1937

19. UNDERTAKER (ADDRESS) St. Louis Co., Mo. Schraeder Funeral Home, Ballwin, Mo.

20. FILED Feb 28 1937 T. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 8, 1933, to February 27, 1937.
I last saw h. AN alive on February 26, 1937. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized and marked Date of onset ?

Other contributory causes of importance: Senile Psychosis, Simple Dementia 1929

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) C. C.ault, M. D.
(Address) Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

