

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

Do not use this space.

REC'D MAY 18 1939

16225

1. PLACE OF DEATH.

County Jefferson Registration District No. 793
 Township Blackburn Primary Registration District No. 4474
 City Blackburn (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Kathryn Metcalf

(a) Residence, No. _____ St. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
94 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
 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) Lepington mo

13. NAME Christopher Catron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lepington mo

15. MAIDEN NAME Manay Gordon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Key. Mo

17. INFORMANT (ADDRESS) Carrie Metcalf Blackburn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn Cem. DATE 4/21 1939

19. UNDERTAKER (ADDRESS) Joseph Meinerschagen Blackburn Mo

20. FILED April 10, 1939 Wattie Wesler Deputy Registrar 715

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1939

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1939 to April 5 1939

I last saw her alive on April 5 1939 Death is said to have occurred on the date stated above, at 10.30 P M

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

Coronary Thrombosis

Other contributory causes of importance: 94

Senility

Name of operation _____ 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) I. S. James, M. D.
Blackburn, Mo. (Address)

Registrar

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.

RECEIVED
District Health Officer No. 8,
District Fire Number _____
Date Filed 5/6/39