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

Do not use this space.

32110

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. 720 S. Newstead Ave. St. ..... Ward)

File No. .....

Registered No. 9485

2. FULL NAME Elizabeth Smith

(a) Residence. No. 720 S. Newstead St., 18 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

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ (OR) WIFE OF: Isac Kelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 25, 1865

7. AGE: Years 61 | Months 11 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Louis Archbald

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Canada

12. MAIDEN NAME OF MOTHER: Lila Bonno

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Vienne / Fr

14. INFORMANT: Lilly Clatterbuck (Relative)
(Address): 720 S. Newstead

15. FILED: OCT 25 1927 Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1927, to Oct 22, 1927, that I last saw h. alive on Oct 22, 1927, and that death occurred, on the date stated above, at 8 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis chronic

035

51B

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Rheumatism chronic

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. A. Bogard, M. D.
, 19 (Address) Kirkwood & Lockton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: Oct 25 1927

20. UNDERTAKER: Kriegshauser Und Co. | ADDRESS: 4104 Manchester

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 J. H. Gerard
4398 F Chouteau Ave
7 30 – 8 30 P. M.