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.

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

4 County Audrain. 2 Registration District No. 26 File No. 23073

Township Saltriver 1 Primary Registration District No. 5034 Registered No. 86

City ~~Mexico Mo.~~ (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth A Fecht

(a) Residence, No. RFD-6-Mexico Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 HUSBAND OF (OR) WIFE OF William Fecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1861.

7. AGE YEARS 76. MONTHS 1 DAYS 4. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~XXXXXXXXXXXX~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper

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) St Louis Co Mo.

FATHER

13. NAME Patrick Walch.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cork. Ireland

MOTHER

15. MAIDEN NAME Ann Finn.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clair County Ireland

17. INFORMANT (ADDRESS) Frank C Fecht. Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL Catholic Cemetry
PLACE Mexico Mo. DATE 6-29 1937

19. UNDERTAKER (ADDRESS) H A Precht & Son. Mexico Mo.

20. FILED June 28 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937, to June 28, 1937

I last saw her alive on June 27, 1937. Death is said to have occurred on the date stated above, at 8:15 A.M. m.

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

Chronic Degenerative Myocarditis Hypertensive Cardiac Renal Disease — Date of onset 8 Jun

93C

Other contributory causes of importance:

Generalized Arteriosclerosis Heart Failure — June 28 1937

Name of operation None. Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19....

Where did injury occur? None (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) Harry F. O'Brien [illegible], M. D.

(Address) Mexico Missouri