

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Whit's Oak
City Lack Mo (No. _____)

Registration District No. 347
Primary Registration District No. 5495

41384

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Elizabeth Oswald

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

(Usual place of abode)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. 1 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12 - 1863</u>		
7. AGE	YEARS	MONTHS
<u>34</u>	<u>74</u>	<u>1</u>
DAYS		IF LESS than 1 day, hrs. or min.
<u>26</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeper</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 1, 1937</u>	
11. Total time (years) spent in this occupation <u>54</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
MOTHER	13. NAME <u>Stepf</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Severis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT (ADDRESS) <u>Chas Oswald</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mountair</u> DATE <u>Nov 11 37</u>		
19. UNDERTAKER (ADDRESS) <u>Walling Bros</u>		
20. FILED <u>Nov 13 1937</u> <u>J. R. Hampton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 37

22. I HEREBY CERTIFY, That I attended deceased from Sept 17th 1936, to Nov. 5th 1937
I last saw him alive on Nov 5th 1937 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Cardiac Dilatation Date of onset 1 yr ago

Other contributory causes of importance
Aspirin
Cardiac Asthma 2 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic 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) J. S. McDonald M. D.
(Address) Irish Mo.

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.

RECORD

THIS IS A PERMANENT RECORD

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