

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

Do not use this space.

6055

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis Mo No. 3915 Cleveland

File No. **1220**

Registered No.

St. (Ward)

2. FULL NAME

Betty Brooks Putnam

(a) Residence. No. 3915 Cleveland, St. 7 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16th - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 | 9 | 16 |

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) at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisville Ky.
(STATE OR COUNTRY)

10. NAME OF FATHER Nathan P. La Forge

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

12. MAIDEN NAME OF MOTHER Demaris Dooley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Mrs S M Goddard
(Address) 3915 Cleveland

15. FILED FEB - 3 1927 Max S Starceff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 - 1927

17. I HEREBY CERTIFY, That deceased from July 10th 1926 to February 2nd 1927, that I last saw her alive on February 2nd 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* IS AS FOLLOWS:

Lobar pneumonia

108 / 1010
131 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Chronic Paralytic
nephritis (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Ernst Brandenburger M. D.

(Address) 3922 Cleveland Ave.

*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 Kansas City, Mo DATE OF BURIAL 2-4 1927

20. UNDERTAKER Petty Bros 3029 Lafayette ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

