

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791** File No. **28456**
 Township..... Primary Registration District No. **1003** Registered No. **7985**
 City..... (If nonresident give city or town and State) St. Ward)

2. FULL NAME

(a) Residence. No. **Salem Mo** St. **12** Ward. **Salem Mo**
 (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 **Divorced**
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **Blanche Bressis**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 25, 1907**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	19	10	12	

8. OCCUPATION OF DECEASED **Sales Lady**
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) **Department Store**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Ill**
 (STATE OR COUNTRY)

10. NAME OF FATHER **J. M. Duwall**

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

12. MAIDEN NAME OF MOTHER **Sta. Towner**

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

14. INFORMANT **Mrs. J. M. Duwall**
 (Address) **Salem Mo.**

15. FILED **3** 1027 **Max C. Starkey**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **9-7-1927**
 17. **8-17-1927** to **9-7-1927**
 that I last saw h. **27** alive on **9-7-1927**, and that death occurred, on the date stated above, at **10:00 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis acuta

CONTRIBUTORY (SECONDARY) **Pneumothorax**
R. Lung Non-Tubercular
 (duration) yrs. mos. ds. **5**

18. WHERE WAS DISEASE CONTRACTED **Cause unknown**
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Immunop**
 (Signed) **R. K. Andrews**, M. D.
9/7-1927 (Address) **333 New Bedford**

*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 **Salem Mo.** DATE OF BURIAL **Sept 11 1927**

20. UNDERTAKER **Hilander Craig** ADDRESS **Washington**

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.

