

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

Do not use this space.

455

1. PLACE OF DEATH

County Ballwin

Registration District No. 104

Township Fuller mo

Primary Registration District No. 3008

City Fuller mo

File No.

Registered No. 24

St. Ward)

2. FULL NAME

(a) Residence. No. Mar 21 St. St. Louis Ward. St. Louis

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 26 mos. da. How long in U.S., if of foreign birth? yrs. 1 mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE

YEARS 26

MONTHS 7

DAYS 1

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

DK

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

DK

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

14.

INFORMANT Reena Hospital

(Address) Fuller mo

15.

FILED Jan 24/29 R. N. Cress REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1929 to June 20 1929
that I last saw h.w. alive on June 20 1929, and that death occurred, on the date stated above, at 4:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intermittent Obstruction
11/20/29 (duration) yrs. 8 mos. 25 da.

CONTRIBUTORY (SECONDARY) acute gastritis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: DK

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Young M. D.

St. Louis Hospital

*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

Fuller mo

DATE OF BURIAL

1/22/29

20. UNDERTAKER

Sheldon Taylor

ADDRESS

Fuller 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.

1929
262
31
31
31

