

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

Do not use this space.

26033

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 003  
 City..... (No. Missouri Baptist Hospital St. Ward)

File No. ....  
 Registered No. 7220

**2. FULL NAME**

(a) Residence. No. 6529 Curtis St. 12 Ward. St. Louis Co. Mo  
 (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 <u>Female</u>	4. COLOR OR RACE <u>W/ht</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>---</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 8 1929</u>		
7. AGE	YEARS	MONTHS
		DAY
		IF LESS than 1 day, <u>2</u> hrs. or <u>45</u> min.

8. OCCUPATION OF DECEASED

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

(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 Floyd Thorpe

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

12. MAIDEN NAME OF MOTHER Loea Rissel

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

14. INFORMANT Floyd Thorpe  
 (Address) 6529 Curtis St.

15. FILED 19 Mo. C. Stankov  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1929

17. I HEREBY CERTIFY, That I attended deceased from July 8 on July 8, 1929, to July 8, 1929, and that I last saw her alive on July 8, 1929, and that death occurred, on the date stated above, at 12 midnight

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Prematurity (6 mo.)  
159 (duration) yrs. mos. 1 hrs.

CONTRIBUTORY Eclampsia in mother  
 (SECONDARY) (duration) yrs. mos. 6 hrs.

18. WHERE WAS DISEASE CONTRACTED 1612

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. F. Donnet, M. D.  
 , 19 (Address) mo Bldg

\*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 Montgomery City Mo. DATE OF BURIAL July 8 1929

20. UNDERTAKER Thilander Craig ADDRESS Hwy 65

WRITE PAINLY, 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.

