

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

Do not use this space.

~~3194~~
3518
File No. _____
Registered No. 1019
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City Lewis (No. City 1003)

2. FULL NAME

(a) Residence. No. 524 Vandeventer St Ward. 18
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27 1929

| | | | | |
|--------|-----------|--------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>10</u> | | <u>6</u> | |

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) Lewis
(STATE OR COUNTRY)

10. NAME OF FATHER John Brown

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

12. MAIDEN NAME OF MOTHER Josephine

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

14. INFORMANT E. Roman
(Address) City Wash DC

15. FILED 31 1934 Missouri REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1934

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to June 30, 1934, that I last saw her alive on June 30, 1934, and that death occurred, on the date stated above, at 12:10 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho - Pneumonia
Secondary (duration) yrs. mos. 4 ds.
Otitis media (Pt) (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED 1000 W 24 So. Vandeventer
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 1000 W 24 So. Vandeventer

(Signed) Bey Margulies, M. D.

1934 (Address) City Wash DC

*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 Park Lawn Cemetery DATE OF BURIAL July 1 1934

20. UNDERTAKER Czechauscher & Co ADDRESS #104 Manchote

N. B.—Every item of information 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.

Primer