

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
1003
Primary Registration District No.

File No. 28731
Registered No. 8645

2. FULL NAME

Marion Votaw
(a) Residence. No. 9103 Argyle Ave St. 1 Ward. St. Louis Co.
(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

Male

4. COLOR OR RACE

White

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

married

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

Myrtle Votaw

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

Sept 20, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>45</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work motorman
(b) General nature of industry, business, or establishment in which employed (or employer) Pub. Service Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER

Wm. Votaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) "

14. INFORMANT

Mrs. Myrtle Votaw
(Address) 9103 Argyle Ave St. Louis Mo.

FILED SEP - 2 1937
19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Found dead
16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from 1930, to 1930, and that I last saw him alive on 1930, and that death occurred, on the date stated above, at 7:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Drowning in Mississippi River at Falmore St. Whether accidental or intentional could not be ascertained.

CONTRIBUTORY (SECONDARY)

1880's (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Hurley, M.D.

9/2. 19 30 (Address) Deputy Coroner

*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

DATE OF BURIAL

Valhalla Cemetery 10/21 1930

20. UNDERTAKER

ADDRESS

Louis. H. Bopp Kirkwood 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.

