

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

Do not use this space.

34910

**1. PLACE OF DEATH**

County St. Louis Mo.  
Township St. Louis Mo.  
City St. Louis Mo. (No. 4121) Detonty

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 10308  
St. .... Ward)

**2. FULL NAME**

Janet Protheroe  
(a) Residence. No. 4121 Detonty St., 17 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Louis Protheroe</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 29-1877</u>		
7. AGE <u>53</u>	YEARS <u>3</u>	MONTHS <u>0</u>
		DAYS <u>0</u>
IF LESS than 1 day, .... hrs. or .... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Swanby & Wales

PARENTS	10. NAME OF FATHER <u>William Peters</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>

14. INFORMANT Louis Protheroe  
(Address) 4121 Detonty St.

15. FILED 30 1920  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** Oct. 29-30

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 29 1930  
17. I HEREBY CERTIFY, That I attended deceased from October 25, 1930, to October 29, 1930, that I last saw her alive on October 29, 1930, and that death occurred, on the date stated above, at 10:50 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute dilatation of stomach  
Necrosis of stomach  
..... (duration) yrs. mos. ds.  
CONTRIBUTORY Proximal obstruction  
(SECONDARY) ..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH .....  
DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. F. Rehler, M. D.  
, 19 (Address) 802 Metropolitan 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 <u>Valhalla Cem.</u>	DATE OF BURIAL <u>Nov. 1 1930</u>
20. UNDERTAKER <u>Wm. Ambrose and Co</u>	ADDRESS <u>4234 Manchester</u>

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.

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