WRITE PLAINLY, 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.

Corrected Dec 6 by affidavit L. Ward

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

Do not use this space.

3462

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 693

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 748 Bayard Ave St. ..... Ward)

2. FULL NAME Katherine Pauline ~~Town~~ Towne

(a) Residence. No. 748 Bayard Ave 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17-1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	3	X	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student 115 Pa 67 Pa
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~~Cleveland~~ BRADFORD
(STATE OR COUNTRY) ~~Ohio~~ Pa

PARENTS

10. NAME OF FATHER Eugene Towne
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Midland
(STATE OR COUNTRY) Michigan
12. MAIDEN NAME OF MOTHER ~~Hett~~ Katherine Gillian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cleveland
(STATE OR COUNTRY) Ohio

14. INFORMANT Eugene Town
(Address) 748 Bayard Ave

15. FILED JAN 20 1931, 19..... Mary C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17/31, 19..., to ....., 19..., that I last saw her alive on Jan. 17, 1931, and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxemia - infected tonsils due to non Diphtheritic Tonsilitis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 115 A
(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? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Clara Mutschmeck, M. D.
1/18, 1931 (Address) 4944 Page

*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.

St. Louis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Mathews Cemetery	1-19 1931

20. UNDERTAKER	ADDRESS
Shaffer Und.	Sullivan Mo.

see affidavit # 214 in mine file