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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 12693

Township ..... Primary Registration District No. ..... Registered No. 4012

City St Louis (No. 5236 Delmar Bl St. ..... Ward)

2. FULL NAME Barbara Alice Hathaway

(a) Residence. No. 5236 Delmar St. 12 Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12-1911

7. AGE: YEARS 19 MONTHS 9 DAYS 18 IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): 255
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: Christ Hathaway
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Bertha Sellman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

14. INFORMANT: Dr Mary H. Sellman
(Address) 5236 Delmar

15. FILED ..... 19 ..... Max O Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1931, to March 30, 1931, that I last saw her alive on March 30, 1931, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
131
(duration) about 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Scarlet Fever some years ago (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) L. W. Ray, M. D.
3/31, 1931 (Address) 3175a So. Grand

*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: New St Marcus
DATE OF BURIAL: Apr 2 1931

20. UNDERTAKER: Wacker Helderle
ADDRESS: 2331 S Bdwy