

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.

AUG 29 1931

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Waller
City Waller (No.)

Registration District No. 665
Primary Registration District No. 2032

25865

File No.
Registered No. 206
St. Ward

2. FULL NAME

(a) Residence, No. 711 West 6 St., 4 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1-1852
7. AGE YEARS 79 MONTHS 6 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME Mrs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waller

15. MAIDEN NAME Fannie Prescott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia

17. INFORMANT Mrs Lee Montgomery (ADDRESS) Senators

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE July 3 1931

19. UNDERTAKER Mr. Laughlin Bros (ADDRESS) St. Louis

20. FILED 7-2 1931 J. P. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1 1931
22. I HEREBY CERTIFY, That I attended deceased from 1928 to 7/1 1931
I last saw him alive on 6/30 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Senile degeneration
645
162
162
Posibility of Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Dr. Dyar M. D.
(Address) St. Louis NO

1940

1941