

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

Do not use this space.

29760

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** No. **5532** **Holly Hills an** St. Ward)

2. FULL NAME

(a) Residence, No. **5532 Holly Hills** St. **7** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred **24** yrs. **1** mos. **25** 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) **Divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 20 1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 **1** **25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stenographer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Law Office**

10. Date deceased last worked at this occupation (month and year) **Aug 1, 1931** 11. Total time (years) spent in this occupation **6**

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

13. NAME **Thos. F. McDonald**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

15. MAIDEN NAME **Minerva Ryker**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

17. INFORMANT (ADDRESS) **John. M. McDonald 3317 W. Humphrey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathew's** DATE **Aug 27, 31**

19. UNDERTAKER (ADDRESS) **McShannach 3818**

20. FILED **59 17 103** 19 **31**

PHYSICIAN CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 14, 1931**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **4:45** p.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation due to fuel gas poisoning (self-administered) 164 A

Other contributory causes of importance: **Divorce**

Name of operation **164** Date of.....

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **suicide** Date of injury **8/14, 1931**

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? If so, specify

(Signed) **John Hurley** Registrar **8/15/31** (Address) **St. Louis, Mo**

...pan census, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

