

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

Do not use this space.

30158

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 10083
(No. St. Luke's Hospital)

File No.....
Registered No. 9228
St. Ward)

2. FULL NAME Margaret Gill Rawson

(a) Residence, No. 5967a Tholien St. 5 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>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. Clyde Rawson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 6, 1885</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>45</u>	<u>11</u>	<u>24</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
FATHER	13. NAME <u>John Gill</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Rebeca Wills</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>Thomas W. Hill</u> (ADDRESS) <u>4974 Tholozan</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Sept. 2, 1931</u>				
19. UNDERTAKER <u>Alexander Ed Sois</u> (ADDRESS) <u>6175 Belmont</u>				
20. FILED <u>SEP - 1 1931</u> 19. <u>Miss C. Parker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931, to Aug 30, 1931.
I last saw her alive on Aug 30, 1931. Death is said to have occurred on the date stated above, at 9:40 P.M.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction due to Post Operative Adhesion from a previous Operation, for which unknown
122B
Other contributory causes of importance: Post operative adhesions (old)
122B
Name of operation Gleostomy Date of Aug 27, 1931
When last confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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?
If so, specify.....
(Signed) E. O. Masten, M. D.
(Address) 708 Beaumont Blvd.

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.

Nov 20 1911