

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.

35789

1. PLACE OF DEATH

County _____
 Township _____
 City St. Louis

Registration District No. 1stPrimary Registration District No. West

File No. _____

Registered No. 10295

City St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4119 West Carter St. 9 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Arbuckle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16, 1869</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>7</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, 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>Ohio</u>		
FATHER	13. NAME <u>Daniel Bryan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry</u>	
MOTHER	15. MAIDEN NAME <u>Ruthie Hart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>George Arbuckle</u> <u>4119 West Carter St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellevue Hospital</u> DATE <u>Oct. 8</u> , 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Math. Hermann & Son</u> <u>4116 East Fair Ave.</u>		
20. FILED <u>Oct - 7 1931</u> <u>W. H. Lantz</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 6</u> , 19 <u>31</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 16</u> , 19 <u>31</u> , to <u>Oct. 6</u> , 19 <u>31</u> . I last saw him alive on <u>Oct. 6</u> , 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>7:11</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Cancer of uterus</u> <u>48</u> <u>48</u>
Date of onset <u>Dec. 50</u>
Other contributory causes of importance: _____
Name of operation <u>none</u> Date of _____
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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? <u>No</u> If so, specify _____ (Signed) <u>W. H. Lantz</u> , M. D. (Address) <u>4119 Easton</u>

