

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

Do not use this space.

35938

1. PLACE OF DEATH

County
Township
City St. Louis (No. 1000)

Registration District No. 1000
Primary Registration District No. 1000
St. Baptist Hospital

File No.
Registered No. 10456
St. Ward)

2. FULL NAME

(a) Residence, No. St. 12 Ward. Farmington Mo

(Usual place of abode)

(If nonresident, give city of 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23, 1920</u>		
7. AGE	YEARS	MONTHS
	<u>11</u>	
		DAYS
		<u>19</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>student</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) <u>Sept 1, 1931</u>	11. Total time (years) spent in this occupation. <u>6</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salesburg Ill</u>		
FATHER	13. NAME <u>Ralph Chien</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>May Eskew</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT (ADDRESS) <u>May Chien Farmington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington Mo</u> DATE <u>10, 15, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>President Farmington Mo</u>		
20. FILED <u>OCT 13 1931</u> Registrar <u>W. C. Fardley</u>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct-12-1931 to Oct-12-1931

I last saw her alive on Oct-12-1931. Death is said to have occurred on the date stated above, at 9:05 m.

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

121A
121B
129

Other contributory causes of importance Peritonitis

Name of operation operative Date of 10-12-31

What test confirmed diagnosis? operated Was there an autopsy? no

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? no
If so, specify

(Signed) T. H. Hill, M. D.
(Address) 4903 Delmar

Date of onset 10-9-31
Dr. H. H. Hill

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.

