

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

Do not use this space.

39702

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registrar/District No. 1002
City St. Louis Mo. (No. 1915) Equalled Ave

File No. _____
Registered No. 11920
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1902 Equalled Ave, St. 6 Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1884

7. AGE YEARS 47 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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) St. Louis Mo.

13. NAME: Thomas M. Proth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Margaret Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Thomas M. Proth

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic DATE Nov 30, 1931

19. UNDERTAKER (ADDRESS) 109 N. Grand

20. FILED 29 1931 Thos M Proth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1931 to Nov 27 1931
I last saw her alive on Nov 26, 1931 Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance:
73A 23

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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? _____
If so, specify _____ (Signed) _____, M. D.

(Address) 1109 N Grand

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.

