

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.

1. PLACE OF DEATH

County St. Louis
Township Lathrop
City Missouri MO (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 146
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ 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 <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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6-1842</u>		
7. AGE <u>89</u>	YEARS <u>X</u>	MONTHS <u>8</u>
DAYS <u>8</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>Home maker</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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Robinson

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

17. INFORMANT A. R. Bamebey
(ADDRESS) Cairo Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Mo. DATE Dec. 17, 1931

19. UNDERTAKER W. H. Bamebey
(ADDRESS) Missouri Mo.

20. FILED Dec 17th 1931 Ira S. Milligan
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1931, to Dec 14, 1931

I last saw her alive on Dec 14, 1931. Death is said

to have occurred on the date stated above, at 6:30 pm.

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

Coronary Thrombosis Date of onset _____

930
940
162 930

Other contributory causes of importance:

Chronic Myocarditis

Chronic

Name of operation no 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? _____ 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) Robert R. Bamebey, M. D.

(Address) Missouri Mo.

