

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Fair
City St. Louis (No. 2006 Montgall)

Registration District No. 399
Primary Registration District No. 1002

File No. 1063
Registered No. 101
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2006 Montgall St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid 244

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) Mo

13. NAME Walter Reynolds

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

15. MAIDEN NAME Lina Norton

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

17. INFORMANT Dr. Bess (ADDRESS) 2006 Montgall

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE 1-13-1932

19. UNDERTAKER W. W. Adams (ADDRESS) 1729 1/2 E. 12th

20. FILED Jan 17 1932 M. M. Crowl Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 - 1932

22. I HEREBY CERTIFY That I attended deceased from 1-6-32 to 1-9-32

I last saw her alive on 1-9-32 Death is said to have occurred on the date stated above, at 12:50 PM

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

Cardiac Hypertrophy with Decompensation
95R
111B
155

Other contributory causes of importance:
Pulmonary Edema

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray 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) J. W. Adams D.
(Address) 1520 E. 18th St.

CAUSE OF DEATH IS PRIMARY CAUSE OF DEATH UNLESS OTHERWISE SPECIFIED. Exact statement of cause of death is required.

