

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

Do not use this space.

1472

1. PLACE OF DEATH
 49 County St. Louis Registration District No. 411
 7 Township St. Louis Primary Registration District No. 2007
 5 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME Edna Marcha M. Phuman
 (a) Residence, No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1881

7. AGE YEARS 50 MONTHS 9 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931, to Jan 20 1931
 I last saw her alive on Jan 23 1931 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cerebral
82A hemorrhage

Other contributory causes of importance:
gla

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER FATHER
 13. NAME L. Wayman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Rose Ann Russell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT L. Wayman
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crest Mem Park DATE 1-23-32 1932
 19. UNDERTAKER (ADDRESS) W. H. Benson
 20. FILED 1/23/32 1932 W. H. Benson Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. T. Plouffe, M. D.
 (Address) St. Louis Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

