

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

Do not use this space.

2148

1. PLACE OF DEATH

County St Charles
Township St Charles
City St Charles (No. 423)

Registration District No. 757
Primary Registration District No. 3036
Transit

File No. _____
Registered No. 13
St. _____ Ward) _____

2. FULL NAME

Doris Marvin Bain

(a) Residence, No. 423 Transit 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 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) May 17-1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 7 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 Charles Mo

13. NAME Herman L Bain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo

15. MAIDEN NAME Margaret Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo

17. INFORMANT (ADDRESS) Herman L Bain
423 Transit - St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Davis Mo DATE 1-29 1932

19. UNDERTAKER (ADDRESS) H.R. Allmeyer & Sons Co
St Charles Mo

20. FILED 179 1932 Hy & Bloebaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24th, 1932, to Jan. 28th, 1932.
I last saw her alive on Jan. 28th, 1932. Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Influenza
Date of onset 1-22-32

Other contributory causes of importance: Influenza
①

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

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) B.D. Westlake, M. D.
(Address) St. Charles Mo

