

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

Do not use this space.

2218

96
4
FEB 25 1932

1. PLACE OF DEATH
 County St. Louis Registration District No. 784 4468 File No. _____
 Township Central St. Louis Registration District No. 6730 Registered No. _____
 City Ferguson No. 606 Woodland Drive Ward _____

2. FULL NAME Emily Ditch
 (a) Residence, No. 606 Woodland Drive 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

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-8-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 235
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework at home
 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. Genevieve County Missouri

FATHER
 13. NAME Babst Janis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Mary Woodlidge
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) E. Ditch 210 S. Compa Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Mo DATE 1-21-32

19. UNDERTAKER (ADDRESS) M. Laughlin 631 Missouri Ave.

20. FILED 2/2 1932 Emma J. Harris Registrar.

W MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1932 to Jan 18, 1932
 last saw him alive on Jan 18, 1932 Death is said to have occurred on the date stated above, at 7 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocardial infarction 1928

Other contributory causes of importance:
St. Vitus's Dance 1925

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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) W. Johnson, M. D.
 (Address) Ferguson Mo

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.

