

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

Do not use this space.

3068

1. PLACE OF DEATH

County St. Louis Mo. Registration District No. 7901
 Township Williams Pl Primary Registration District No. 10015
 City St. Louis Mo. (No. 3728)

File No. 797
 Registered No. 797
 St. 7 Ward 7

2. FULL NAME

(a) Residence, No. 3728 Williams Pl St. 7 Ward 7
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 19 - 1852</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>5</u>
	DAYS <u>5</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>at home</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) <u>New Orleans 2</u>		
FATHER	13. NAME <u>Wm Adams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Mary McTanner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>	
17. INFORMANT (ADDRESS) <u>William Brown 3728 Williams Pl</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cadwary</u> DATE <u>Jan 27 32</u>		
19. UNDERTAKER (ADDRESS) <u>Stout + Cabell 4000 Natl Bridge</u>		
20. FILED <u>JAN 25 1932</u> <u>May C. Walker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 32

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1932 to Jan 24 1932.
 I last saw him alive on Jan 24 1932. Death is said to have occurred on the date stated above, at 4:29 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 12-24-32
93° 93°
97° 93°
 Other contributory causes of importance: Coronary Sclerosis 1-23-32

Name of operation None 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 ①

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Abner B. Jones, M. D.
 (Address) 3807 N. Grand Blvd

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

