

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

Do not use this space.

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6704
File No. _____
Registered No. **1780**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **7002**
City **St. Louis, Mo.** (No. **4045**, **St. Belle Pl.**)

2. FULL NAME

(a) Residence, No. **4045 St. Belle Pl. St.**, **11** 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 Female	4. COLOR OR RACE Cold	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) 1900-9-22		
7. AGE	YEARS 31	MONTHS 4
	DAYS 29	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic	
	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.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
MOTHER	13. NAME Sylvester Price	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.	
	15. MAIDEN NAME Clara Mack	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.	
17. INFORMANT Climont Jordan (ADDRESS) 4045 St. Belle Pl.		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve, Mo. DATE Feb. 24, 1932		
19. UNDERTAKER A. L. Beal and Co (ADDRESS) 2724 Lumber St.		
20. FILED FEB 23 1932 Wm C. Standen Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-21, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **2-15, 1932, to 2-21, 1932**
I last saw her alive on **2-21, 1932** Death is said to have occurred on the date stated above, at **8 P.m.**
The principal cause of death and related causes of importance were as follows:

Peritonitis	Date of onset
acute pyosalpinx	2-17-32
Type unknown	139B
139B	129
107A	

Other contributory causes of importance:
Broncho-pneumonia **2-11-32**

Name of operation..... Date of.....
What test confirmed diagnosis? **Amical** 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..... **(D)**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **Walter M. Jones**, M. D.
(Address) **W. Bell, Belle Pl. St. Louis, 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.

