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

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.

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

Do not use this space.

File No. 6873
Registered No. 1955

1. PLACE OF DEATH
County ..... Registration District No. 7
Township ..... Primary Registration District No. 1000
City St Louis Mo (No. City Hospital St. ..... Ward)

2. FULL NAME Elsie Hall
(a) Residence. No. 1233 S 14th St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Elie Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-26-1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	3	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer): — 235 145A
(c) Name of employer: 122B 12

9. BIRTHPLACE (CITY OR TOWN) Puxico
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Spray Edwards
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Indiana 2
12. MAIDEN NAME OF MOTHER Belle Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri 1

14. INFORMANT Elsie Hall
(Address) 1233 S 14th St

15. FILED FEB 29 1932 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-5, 1932, to 2-27, 1932, that I last saw her alive on 2-27, 1932, and that death occurred, on the date stated above, at 11 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Peritonitis (Organism unknown)
(2) adynamic ileus.
following laparotomy for abdominal pregnancy (full term) (duration) ..... yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Toxic Myocarditis (duration) ..... yrs. mos. 10 ds.

145A (1)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-16-32.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? operation-clinical
(Signed) [signature], M. D.
2-27, 1932 (Address) City Hospital #1.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Puxico Mo.
DATE OF BURIAL: 2/28 1932

20. UNDERTAKER: A W McLaughlin
ADDRESS: 1631 Missouri