

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

Do not use this space.

6933

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. 1007
City St. Louis (No. St. John's Hospital)

File No. _____
Registered No. 2024
St. _____ Ward _____

2. FULL NAME

Dannie Valandingham

(a) Residence, No. 5901 Bartmes St. 5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 Newt Valandingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230

10. Date deceased last worked at this occupation (month and year) Jan. 1932 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER FATHER 13. NAME Doc. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER FATHER 15. MAIDEN NAME Hess Plunkitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Newt Valandingham

(ADDRESS) 5901 Bartmes St

18. BURIAL, CREMATION, OR REMOVAL PLACE Kentucky Barwell DATE March 4, 1932

19. UNDERTAKER Martin Trust Co.

(ADDRESS) Bardwell

20. FILED MAR - 1 1932 Registrar Wm. G. Sturdy

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-12 1932 to 2-29 1932

I last saw her alive on 2-29 1932 Death is said to have occurred on the date stated above, at 11¹⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Pelvic abscess & pelvic peritonitis
rest of abscess left pelvis from infection cause unknown
129 Ch. Myocarditis
9:00

Other contributory causes of importance
129 Ch. Myocarditis
9:00

Name of operation Separation & Drainage Date of 2-29-32

What test confirmed diagnosis? usual 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? Yes

If so, specify _____ (Signed) _____, M. D.

(Address) 3901 Park St. St. Louis

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.

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