

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.

10343

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1000
City St. Louis, Mo (No. City Hospital #2)

File No.....
Registered No. 2365
St. Ward)

2. FULL NAME

(a) Residence, No. 9019 N. 19th St., 21 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 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) 1-29-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Miss

FATHER 13. NAME Henry Jackson

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

MOTHER 15. MAIDEN NAME Mary Taylor

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

17. INFORMANT A. K. Greath (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 3/12 1932

19. UNDERTAKER A. S. G. and S. (ADDRESS) 2126 Julia

20. FILED MAR 12 1932 Max C. Starbuck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1932

22. I HEREBY CERTIFY That I attended deceased from 1-2 1932 to 3-8 1932

I last saw h. W alive on 3-8-32 1932 Death is said to have occurred on the date stated above, at 9019 m.

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

Date of onset 1 year
Chronic myocarditis
Other contributory causes of importance: Enlarged left ventricle non malignant
Name of operation..... Date of.....
What test confirmed diagnosis? U. K. Lab 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?.....

If so, specify Very symptomatic (Signed)..... M. D.
(Address) City Hospital #2

