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.

MAY 28 1932

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

Do not use this space.

13764

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 785 — File No. 60

Township Bonhomme — Primary Registration District No. 6031 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Margaret Roth,

(a) Residence, No. 7530 Shaftsbury St., ... Ward. Univsersity City
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Roth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 21, 1901.

7. AGE: YEARS 31 — MONTHS 0 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. 235

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): Missouri

FATHER

13. NAME: Daniel Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Wyenta Underwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Daniel Murphy 7530 Shaftsbury

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Cemty DATE: 4/20/32, 19

19. UNDERTAKER (ADDRESS): Louis H. Bopp Kirkwood, Mo.,

20. FILED: 4/19, 1932 C. E. Barnett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/16/32, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ? P m.

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

Homicide by Blunt instrument — Date of onset 4/16/32

175 5

Other contributory causes of importance: Multiple fractures of the skull — 4/16/32

Name of operation: None — Date of: —

What test confirmed diagnosis? Physical sign — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide — Date of injury 4/16, 1932

Where did injury occur? Cruer Court No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Homicide by blunt instrument

Nature of injury: Fractures of skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John O'Connell, M. D.

(Address) Coroner St. Louis County