

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

Do not use this space.

14039

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. Masonic Infirmary)

File No. ....  
Registered No. 3367  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 15351 Delmar St., 12 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. 9 mos. 18 ds., How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Do not know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 9 - 1856</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>26</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Not known</u>
	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)..... Clay County, Mo.  
(STATE OR COUNTRY)..... Missouri

13. NAME..... Janece Hackett

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

15. MAIDEN NAME..... Mary Ann Penick

16. BIRTHPLACE (CITY OR TOWN)..... Do not know  
(STATE OR COUNTRY)..... 31

17. INFORMANT..... Mrs. H. Wallace  
(ADDRESS)..... 5351 Delmar, St. Louis

18. BURIAL, CREMATION, OR REMOVAL  
PLACE..... Valhalla Cem DATE..... Apr 6 1932

19. UNDERTAKER..... Alexander & Sons  
(ADDRESS)..... 6175 Delmar

20. FILED..... APR - 5 1932 Max C. Barker  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1929, to April 5, 1932

I last saw him alive on April 4, 1932. Death is said to have occurred on the date stated above, at 1:35 p.m.

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

Cerebral hemorrhage Date of onset 3 days

Hypertension 2 yrs.

Other contributory causes of importance:  
Hypertension

Name of operation.....  
What test confirmed diagnosis..... Physo Reg 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?..... no  
If so, specify..... John Cameron M. D.  
(Signed)..... (Address)..... 508 W. Grand Blvd.

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.

