

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis*

Registration District No. *791*  
Primary Registration District No. *11*

File No. *74102*  
Registered No. *3433*  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *1724 M. Taylor* St., *11* Ward.  
(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Geo.</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar 27 - 1856</i>		
7. AGE	YEARS <i>76</i>	MONTHS <i>11</i>
	DAYS <i>11</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wk</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	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)  
*Mo 1*

FATHER 13. NAME *Geo. Logan*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Unknown 310*

MOTHER 15. MAIDEN NAME *Unknown*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Unknown*

17. INFORMANT (ADDRESS)  
*Dr. Phil M. Rumber*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *4-8-32*

19. UNDERTAKER (ADDRESS)  
*Grubbs Kill*

20. FILED *1932*

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-8-1932*

22. I HEREBY CERTIFY, That I attended deceased from *April 3, 1932* 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 *129* m.

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

*Lobar Pneumonia* Date of onset *April 3/32*  
*131*  
*932 108 1*

Other contributory causes of importance:  
*Chronic nephritis & Myocarditis*

Name of operation *None* Date of .....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 *Renal Thrombosis*, M. D.  
(Signed) *Dr. Phil M. Rumber*  
(Address) *1001 Madison*

Registrar

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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