

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

Do not use this space.

14453

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 10001
City St. Louis (No. City Hospital)

File No.....
Registered No. 3806
St. Ward)

2. FULL NAME

Cynthia Highton
(a) Residence, No. 1745 Wolman Ward 23
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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.

FATHER 13. NAME Pete Ragsdale

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

MOTHER 15. MAIDEN NAME Douella Mayberry

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

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Boona Terre Missouri DATE April 19 1932

19. UNDERTAKER (ADDRESS) Alba W. McLaughlin 1631 Missouri

20. FILED APR 19 1932 M. C. Kardon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 13th 1932 to April 18th 1932
I last saw her alive on April 15th 1932 Death is said to have occurred on the date stated above, at 8:17 a.m.
The principal cause of death and related causes of importance were as follows:

Bilateral Lobar Pneumonia 4/11/32
Date of onset
Other contributory causes of importance:
108 10

Name of operation X-ray Clinical Date of No
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? No
If so, specify Carl H. Hotz M. D.
(Signed) City Hospital
(Address)

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.

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