

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

Do not use this space.

17816

1. PLACE OF DEATH

County..... Registration District No. *401*
Township..... Primary Registration District No. *605*
City *St. Louis Mo.* (No. *4247 Wyoming St.*) St. Ward)

2. FULL NAME

(a) Residence, No. *4247 Wyoming* St. *16* Ward. (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>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Grant Willoughby</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 1 1870</i>		
7. AGE	YEARS <i>62</i>	MONTHS <i>-</i>
	DAYS <i>14</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>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>	
	10. Date deceased last worked at this occupation (month and year) <i>May 1932</i>	11. Total time (years) spent in this occupation <i>50 yrs.</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri 1</i>		
MOTHER FATHER	13. NAME <i>Thomas Nichols</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown 31</i>	
	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Mr. Grant Willoughby 4247 Wyoming</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>May 18 1932</i>		
19. UNDERTAKER (ADDRESS) <i>E. H. Schurer 312 S. Lafayette Ave.</i>		
20. FILED <i>MAY 16 1932</i> <i>Miss C. ...</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

2. **DATE OF DEATH (MONTH, DAY, AND YEAR)** *May 15 1932*

22. I HEREBY CERTIFY, That I attended deceased from *April 30, 1930* to *May 15, 1932*
I last saw her alive on *May 14, 1932*. Death is said to have occurred on the date stated above, at *12:45 P.M.*
The principal cause of death and related causes of importance were as follows:
Auto Intoxication
113 days
9.53/3
Chronic Emphysema of Lungs
5-13-32
4-30-30

Name of operation..... Date of.....
What test confirmed diagnosis? *Urinal*. 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
(Signed) *J. W. Macdonald*, M. D.
(Address) *539 N. Grand*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

