

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

Do not use this space.

18099

**1. PLACE OF DEATH**

County ..... Registration District No. 799

Township ..... Primary Registration District No. 1111

City St. Louis (No. City Hospital)

File No. ....  
Registered No. 5071  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1217a Jough St. Groves Ward 18

Length of residence in city or town where death occurred Life 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min. 2 .. 1 ..

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ml  
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) St. Louis Mo.

FATHER 13. NAME George Tuff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford co. Mo.

MOTHER 15. MAIDEN NAME Susan Parrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford co. Mo.

17. INFORMANT (ADDRESS) Hospital information  
entry Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherryville Mo DATE May 27 1932

19. UNDERTAKER (ADDRESS) Ambrose Underfoot  
4234 Manchester

20. FILED MAY 26 1932 Chas C. Stanley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25<sup>th</sup> 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25<sup>th</sup> 1932 to May 25<sup>th</sup> 1932

I last saw her alive on May 25<sup>th</sup> 1932—Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Prematurity  
159 18 months  
159

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical 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? .....  
If so, specify .....

(Signed) Raymond J. Seb M. D.  
(Address) City Hospital

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.

WHILE TRAINING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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