

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

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

Do not use this space.

20460

1. PLACE OF DEATH

81 County St. Louis
Township St. James Mo
City Soldiers Home (No. _____) St. _____ Ward _____

Registration District No. 678
Primary Registration District No. 5904

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Soldiers Home St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. 4 mos. 1 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) divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/2/1848
7. AGE YEARS 83 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. member Soldiers Home
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) Ireland 15.

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT O. C. Ball (ADDRESS) St James

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Church DATE June 13 1932

19. UNDERTAKER Jonas and Ben [unclear] (ADDRESS) St James Mo.

20. FILED 6-11-32 1932 Berry [unclear] Registrar.

MEDICAL CERTIFICATE OF DEATH

1 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to June 10 1932
I last saw him alive on June 10 1932. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
930 930
Other contributory causes of importance: _____
Date of onset 1931

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? No
If so, specify _____
(Signed) William H. Allen, M. D.
(Address) St James Mo

