

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

Do not use this space.

20774

1. PLACE OF DEATH

96 County St. Louis
Township Carondelet
City Koch (No. St. Ward)

Registration District No. 1123
Primary Registration District No. 648B

File No.
Registered No. 816

2. FULL NAME

(a) Residence. No. 4409 e Cottage St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 14 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 - 1901

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>5</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 23 1/2
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER William Spann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Koch Records
(Address) Koch Mo

15. July 1 3 - L. C. Ostrom
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1932

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to June 30, 1932 that I last saw her alive on June 29, 1932, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2) Pulmonary Tuberculosis
(duration) 1 yrs 8 mos ds.

CONTRIBUTORY (SECONDARY) 2) 3) (duration) yrs mos ds.

18. WHERE WAS DISEASE CONTRACTED West known
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS laboratory findings
(Signed) Arthur Whitaker, M. D.

, 19 (Address) Koch Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elverson et al. DATE OF BURIAL July 3 1932

20. UNDERTAKER Wm C. McDowell ADDRESS 3071 Franklin

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.

JUL 27 1932

