

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

Do not use this space.

21148

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1000
 City St. Louis, Mo. (No. City, Superior) St. Ward

File No.
 Registered No. 5699
 St. Ward

2. FULL NAME HELEN COTTON

(a) Residence, No. 1816 Belle Glade St., 13 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 27 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 fc 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aboul 1851
 7. AGE 81 YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Sandress
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sandry
 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) Jennison Ky

13. NAME Robert Spark

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

15. MAIDEN NAME Martha Spark, nee

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

17. INFORMANT (ADDRESS) Mrs. M. Effinger 5800 Hospital St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/16

19. UNDERTAKER (ADDRESS) W. Russell Wood 2732

20. FILED JUN 16 1932 W. C. Farley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to June 10, 1932
 I last saw her alive on June 9, 1932. Death is said to have occurred on the date stated above, at 3:50 a. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?

Other contributory causes of importance: 93C 92C

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) J. Coleman, M. D.
 (Address) Isolation Hospital

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.

