

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No. *Barnes Hosp*)
Registration District No. *791*
Primary Registration District No. *2003*

24098
File No.
Registered No. **6157**
St. Ward)

2. FULL NAME

(a) Residence, No. *5642 Kingsbury* St. *5* Ward.
(Usual place of abode)

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 14, 1896*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *235*

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*

13. NAME *Joseph G. McElday*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

15. MAIDEN NAME *Kathleen Alexander*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo*

17. INFORMANT (ADDRESS) *Chas Lucas 5642 Kingsbury*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *July 4 1932*

19. UNDERTAKER (ADDRESS) *Wagoner 3621 Cluta St*

20. FILED *UL -3 1932* *May C. Stanley* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 1, 1932*

22. I HEREBY CERTIFY That I attended deceased from *No Physician attended*

I last saw him alive on Death is said to have occurred on the date stated above, at *3:30 p.m.* (3:50 p.m.)

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

Buckload of Mercury poisoning taken by mistake at 441 Westminister Place, June 30, 1932

Other contributory causes of importance: *1799D 41*

1799 Accident

Name of operation *(7) (8)* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *6/30, 1932*

Where did injury occur? *St Louis Mo* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *In Home*

Manner of injury *Buckload of Mercury*

Nature of injury *poisoning*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. W. Kerue*, M.D.

(Address) *Depcanna*

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

