

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

Do not use this space.

27161

301

1. PLACE OF DEATH ⁷
 County St. Francois Registration District No. 294
 Township " Primary Registration District No. 60180
 City Star River Mo (No. ") St. " Ward "

2. FULL NAME Henriette Bequette
 (a) Residence, No. " St. " Ward "
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>9</u>	<u>20</u>	

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. -

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 Co., Mo., 1

MOTHER FATHER
 13. NAME Alfred Sledd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 15. MAIDEN NAME Esther Price
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Alvin Bequette
 (ADDRESS) Star River Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Parkview DATE 8. 28 1932

19. UNDERTAKER Geo Niemes
 (ADDRESS) Star River Mo

20. FILED Aug 31 1934 W. J. Bryan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19..... to Aug-27, 1932
 I last saw her alive on Aug-26, 1932. Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:
uremia
Chronic nephritis
arteriosclerosis
 Date of onset 8/15/32

Other contributory causes of importance:
Chronic nephritis
arteriosclerosis

Name of operation..... 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?..... 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) W. M. Tuller, M. D.
 (Address) 140 De Lage, Mo

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.

SEP 26 1932

RECORD IS A PERMANENT RECORD

