

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

Do not use this space.

27448

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 7253  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1008 Hornsby St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 Dr. V. Barnes  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20-1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 3 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 333  
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) Benton City, Mo.

MOTHER FATHER  
13. NAME Jake King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Missouri

15. MAIDEN NAME Catherine King

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton City, Mo. DATE Aug. 7, 1932

19. UNDERTAKER (ADDRESS) Petty & Brown

20. FILED AUG -6 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1932  
22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932 to Aug. 5, 1932  
I last saw him live on Aug 5th 1932 Death is said to have occurred on the date stated above, at 8:10 a.m.  
The principal cause of death and related causes of importance were as follows:

Chol. Nephritis  
Infection due to Ischio Rectal Abscess  
Diabetes Mellitus  
Infection of Buttocks - Ischio-rectal abscess  
Name of operation Incision Date of 8-1-32  
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.

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) James J. Brown, M. D.  
(Address) City 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.

13 arms