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.

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

Do not use this space.

27689

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 27689

Township ..... Primary Registration District No. 1003 Registered No. 7514

City St Louis (No. 5340, Waterman Ave St. ..... Ward)

2. FULL NAME Angelina Nance La Beaume

(a) Residence, No. 5340 Waterman, 5 Ward. (If nonresident, give city or town and State)
(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.

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: Louis T. La Beaume

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5. 1848

7. AGE: YEARS 84 MONTHS 4 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Boston Mass 2

FATHER
13. NAME: John Nance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 8

MOTHER
15. MAIDEN NAME: Elizabeth Wood.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): W. W. La Beaume 5340 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: Aug 17th 1932

19. UNDERTAKER (ADDRESS): Wagoner Und. Co 3621 Olive St.

20. FILED: AUG 17 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1920, to Aug 16, 1932
I last saw her alive on Aug 14, 1932. Death is said to have occurred on the date stated above, at 9 30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis senile	years
myocarditis 6 hr	"
Anaemia Primary	3 yrs
93C	
97	
71B 93C	

Other contributory causes of importance: above

Name of operation — Date of —
What test confirmed diagnosis? Blood Dis. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19
Where did injury occur? no (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) Louis H. Behrens, M. D.
(Address) 102 No Broadway