

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

Do not use this space.

29569

1. PLACE OF DEATH

County Jefferson Registration District No. 411
 Townshp. Jefferson Primary Registration District No. 2002
 City St. Louis (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____, _____ St. _____ Ward. Pilsen Springs, Wis.
 (Usual place of abode) Freeman Hospital (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, YEAR) May 28 - 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
2 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Texas

13. NAME Tereya Howard

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

15. MAIDEN NAME Mary Langford

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

17. INFORMANT (ADDRESS) W. Miller

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilsen Springs, Wis.

19. UNDERTAKER (ADDRESS) Wagon Fun Home

20. FILED 9/20 W. C. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) September 20 1932

22. I HEREBY CERTIFY That I attended deceased from Sept 10, 1932, to Sept 20, 1932.
 I last saw her alive on Sept 20, 1932. Death is said to have occurred on the date stated above, at 3:25 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Colitis
infectious
(in children)
 Date of onset 9/6/32

Other contributory causes of importance: 1/30
(1)

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? _____
 If so, specify _____
 (Signed) W. C. Clark, M. D.
 (Address) 9-21-32

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.

OCT 26 1932

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