

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

Do not use this space.

29586

33

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson (No. 395)

Registration District No. 11
Primary Registration District No. 2002

File No. 33
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1934

7. AGE YEARS 78 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Calif

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Mrs. Mable B. Barker

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 10-2-1932

19. UNDERTAKER (ADDRESS) Jefferson

20. FILED 12 Registrar Clark

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis
99
Other contributory causes of importance: 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 _____
(Signature) Charles Clark, M. D.

(Address) St. Louis Mo.
Health Commissioner

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

