

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

Do not use this space.

30435

1. PLACE OF DEATH

County..... Registration District No. 721
Township..... Primary Registration District No. 5023
City St. Louis (No. City Hospital)

File No.
Registered No. 8092
St. Ward

2. FULL NAME

(*) Residence, No. 918 St. Louis 26 Ward.

(Usual place of abode) (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) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1920

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	12	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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 1

12. BIRTHPLACE (CITY OR TOWN) Osage County (STATE OR COUNTRY) Missouri

13. NAME Oscar Jett

14. BIRTHPLACE (CITY OR TOWN) Osage County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ida Wilson

16. BIRTHPLACE (CITY OR TOWN) Osage County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Briedens DATE Sept 7 1932

19. UNDERTAKER (ADDRESS) H. Heidner 1407 N. Market St.

20. FILED SEP -6 1932 1932 Keap W. ... Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6th. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 22nd 1932 to Sept. 6th. 1932

I last saw him alive on Sept. 6 1932 Death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

Acute gangrenous perforated Appendicitis
12/11
12/13
1/11
Other contributory causes of importance:
pt 29
Territonitis, localized
Hb. sc. 55

Name of operation Appendectomy Date of 7-22-32
What test confirmed diagnosis? dupl 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.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Raymond ... 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.

get