

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

Do not use this space.

32733

1. PLACE OF DEATH

5 **3** County Laclede Registration District No. 449
2 Township _____ Primary Registration District No. 4267
6 City Schuman (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 1772
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 F **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 Mrs Keeth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 29 1903
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
029 5 4 _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 205
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) Dry Knob Mo.

FATHER
13. NAME Walter Bingham

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

MOTHER
15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs Keeth
Brice Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Louis DATE Oct 4 1932

19. UNDERTAKER (ADDRESS) Behmer

20. FILED Oct 3 1932 J. M. Bullock
 Registrar

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1932 to Oct - 3, 1932
 I first saw her alive on Oct - 3, 1932 Death is said to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:
Heart Disease 5 months

Other contributory causes of importance:
Myocardial infarction
Albumenuria
Appendix
Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic 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? no
 If so, specify _____
 (Signed) J. M. Bullock M. D.
 (Address) St. Louis

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.

NOV 23 1932

