

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

Do not use this space.

33922

1. PLACE OF DEATH

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

File No.....
Registered No. 9247
St. Ward)

2. FULL NAME

(a) Residence, No. 2305 Lynch St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 10, 1867</u>		
7. AGE:	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) <u>Marshall Co. Mo.</u> (STATE OR COUNTRY) <u>Miss.</u>		
FATHER	13. NAME <u>Jas. Sailor</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) <u>1</u>	
MOTHER	15. MAIDEN NAME <u>Julia Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Hospital Information Dept. Female City Hospital #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sikeston, Mo.</u> DATE <u>Oct. 30, 1932</u>		
19. UNDERTAKER <u>A. W. McLaughlin</u> (ADDRESS) <u>1631 Missouri</u>		
20. FILED <u>OCT 18 1932</u> <u>Max C. T. W. T.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1932, to Oct. 17, 1932
I last saw him alive on Oct. 17, 1932. Death is said to have occurred on the date stated above, at 4:05 P.M.
The principal cause of death and related causes of importance were as follows:
Bronch. Pneumonia
Other contributory causes of importance:
Paralytic Agitation
Chronic Angitis

Name of operation..... Date of.....
What test confirmed diagnosis? CE 50 Was there an autopsy? Yes

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) Arthur A. Hines, M. D.
(Address) City Hospital #1

Date of onset
10-14-32
10-14-32

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.

RECORD

