

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

Do not use this space.

37098

JAN 5 1933

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1170 File No. \_\_\_\_\_  
 7 Township \_\_\_\_\_ Primary Registration District No. 6248H Registered No. 228  
 City Richmond (No. 57) ST. MARYS H.O.S.P. St. \_\_\_\_\_ Ward)

**2. FULL NAME** BARBARA Jane MIDDLETON

(a) Residence, No. 7561 Warner Ave 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 ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 0 6

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) Ind. 2

13. NAME Wm G Middleton

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

15. MAIDEN NAME Mildred King

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

17. INFORMANT (ADDRESS) Wm G Middleton 7561 Warner Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 11-10-32

19. UNDERTAKER (ADDRESS) Mullen and Co 5465 Delmar Blvd.

20. FILED 11/9 1932 Lo-G Jensen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932, to Nov 8, 1932  
 I last saw her alive on Nov 8, 1932 Death is said to have occurred on the date stated above, at 1:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Convulsions. Date of onset 11-7-32  
86 86 1  
 Other contributory causes of importance: Cause unknown.

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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) Rudolph Hall, Jr. M.D.  
 (Address) 2816 Patton Ave., Maplewood, Mo.

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.

