

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No. *919 Ohio*)

37502

File No.....

Registered No. **10174**

St. Ward)

2. FULL NAME

(a) Residence, No. *919 Ohio* St., *22* Ward.

(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 *Female*

4. COLOR OR RACE *col*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edward J. Pity*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 13 1893*

7. AGE

YEARS *57*

MONTHS *0*

DAYS *25*

If less than 1 day, hrs. or min.

OCCUPATION

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

Practical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....

Nurse 27

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) *Miss*

FATHER

13. NAME *Cap Basket*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

MOTHER

15. MAIDEN NAME *Mary Ann Stone*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

17. INFORMANT (ADDRESS) *Mrs. Julia Harris*

18. BURIAL, CREMATION OR REMOVAL

PLACE *Washington Park* DATE *11-19 1932*

19. UNDERTAKER (ADDRESS) *Watson and Son*

20. FILED *NOV 17 1932*

Registrar *W. J. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 11, 1932*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at *5:30 a.m.*

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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).....

(Address).....

M.D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS CONCERNING STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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