

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

Do not use this space.

41276

1. PLACE OF DEATH

92 County St Charles Registration District No. 757
 4 Township _____ Primary Registration District No. 3036
 8 City St Charles (No. 104, R. 4th) St. _____ Ward _____

File No. _____
 Registered No. 169

2. FULL NAME

Julias Remo
 (a) Residence, No. 104 N. 4th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. P. Remo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17 - 1856

7. AGE YEARS 78 MONTHS 8 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME William Moringue

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

15. MAIDEN NAME Amanda Young

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

17. INFORMANT (ADDRESS) Betha Remo, 104 N. 4th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Bur. DATE Dec 12, 1932

19. UNDERTAKER (ADDRESS) H. A. Adams & Sons Co, 900 North Grand St

20. FILED 12/12, 1932 W. H. Blochman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Dec 9, 1932.
 I last saw her alive on Dec 9, 1932. Death is said to have occurred on the date stated above, at 6 P. M.
 The principal cause of death and related causes of importance were as follows:

Chr Nephritis -
Chr Myocarditis -
Cerebral thrombosis.

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis Physic. & Lab. 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) B. G. S. Assoc., M. D.

(Address) 200 Clay St. St. Louis, Mo.

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.

