

**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. **701**
Township..... Primary Registration District No. **100.5B**
City **St. Louis Mo.** (No. **1804 Cass Ave.**)

File No. **3677**
Registered No. **632**
St. Ward)

2. FULL NAME

(a) Residence, No. **1804 Cass Ave. St. 1804** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1887.**

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 46 Unknown

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.

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) **Kansas.**

13. NAME **Unknown Kline**

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

15. MAIDEN NAME **Don't know.**

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

17. INFORMANT (ADDRESS) **M. F. Briggs 1804 Cass Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Wichita, Kansas Jan. 18th 1933**

19. UNDERTAKER (ADDRESS) **Brockland, K. & Co. 1427 N. 9th St. 1824 Hogan**

20. FILED **JAN 17 1933** **May C. Parley** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 16th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **January 14 1933 to January 16 1933**

I last saw her alive on **January 15 1933** Death is said to have occurred on the date stated above, at **7:15** m.

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

Myocarditis acute

Date of onset

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) **William Washburn**, M. D.

(Address) **1824 Cass Ave**

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

30
9

23
2
2
31

Wm. Washburn

