

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City *St. Louis* No. *1003*

Registration District No. *791*
Primary Registration District No. *1003*

File No. *11209*
Registered No. *2260*
St. Ward

2. FULL NAME

(a) Residence, No. *197 North Springdale* St. *19* Ward *9*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *1 1/2* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>R. M. Sawyer</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 11, 1898</i>		
7. AGE	YEARS <i>35</i>	MONTHS <i>1</i>
	DAYS <i>2</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Telephone Operator</i>	
	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) <i>Mo</i>		
FATHER	13. NAME <i>Charles Perry</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis</i>	
MOTHER	15. MAIDEN NAME <i>Mary Ann</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis</i>	
17. INFORMANT (ADDRESS) <i>ISOLATION HOSPITAL</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Dellaplane</i> DATE <i>4-8-1932</i>		
19. UNDERTAKER (ADDRESS) <i>W. H. Sawyer & Sons</i>		
20. FILED <i>MAR -7 1932</i>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Sept. 15, 1932 to March 5, 1933*
I last saw her alive on *Mar 5, 1933*. Death is said to have occurred on the date stated above, at *9:45 a.m.*
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs (Date of onset *Dec. 30*)
Spontaneous pneumothorax

Other contributory causes of importance:
Tuberculosis of Pleurae
Spontaneous pneumothorax

Name of operation Date of
What test confirmed diagnosis? *Sputum* 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? *no*
If so, specify

(Signed) *W. H. Sawyer* M. D.
(Address) *ISOLATION HOSPITAL*

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.

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Registrar.

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