

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

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File No. \_\_\_\_\_  
Registered No. **4313**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City **St. Louis, Mo.** (No. **Firman-Desloge Hospital**)

**2. FULL NAME**

(a) Residence, No. **Cora Bone, 1109 Geyer Avenue** St., **23** Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 3rd, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**44 6 12**

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

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) **Washington County, Missouri** (STATE OR COUNTRY)

13. NAME **John Coleman**

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

15. MAIDEN NAME **Rose Trokey**

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

17. INFORMANT **Bert Bone** (ADDRESS) **1109 Geyer Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Potosi, Missouri** DATE **May 18th** 19 **33**

19. UNDERTAKER **Frank Bros** (ADDRESS) **2201 S. Grand Boulevard**

20. FILED **F. Fredrick** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 15, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **May 7, 1933**, to **May 15, 1933**

I last saw him alive on **May 15, 1933**. Death is said

to have occurred on the date stated above, at **5:10 P.M.**

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

**chr. Myocarditis  
adhesive Pericarditis**

Other contributory causes of importance:

**arteriosclerosis  
Pleural effusion**

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? **X-Ray** 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) **Wm. C. G. Roberts**, M. D.

(Address) **4159 Magnolia**

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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