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.

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. 791 ..... File No. 24649

Township ..... Primary Registration District No. 1003 ..... Registered No. 6045

City St. Louis Mo. (No. 500 So., Kingshighway St. ..... Ward)

2. FULL NAME Helen Bird

(a) Residence, No. Pilot Knob Mo. (Usual place of abode) 1 Ward. Pilot Knob Mo. (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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 31. 1919.

7. AGE: YEARS 14 | MONTHS 5 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
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): Pilot Knob Mo

FATHER

13. NAME: Lands Bird Bank Co 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Minta Moyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Graniteville Ohio

17. INFORMANT (ADDRESS): Tsebenhoff 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE: Ironton, Mo. DATE: 7/13/ 1933

19. UNDERTAKER (ADDRESS): C. Hoffmeister W. L. Co 7814 So Broadway

20. FILED: JUL 11 1933 19 J. F. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1933, to July 10, 1933

I last saw her alive on July 10, 1933. Death is said to have occurred on the date stated above, at 3 45/60 m.

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

	Date of onset
Empyema, chron	4 years
62	
131	
110A	

Other contributory causes of importance:

Pellagra	2 mo
Nephritis, chron	?

Name of operation: Thorocotomy Date of: 7-10-33

What test confirmed diagnosis? ..... 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) W. E. Keiter, M. D.

(Address) 500 So Kingshighway