

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

Do not use this space.

24967

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1**
 City **St. Louis, Mo.** (No. **Missouri Baptist Hospital** St. Ward)

File No.
 Registered No. **6384**
 St. Ward)

2. FULL NAME Milpie Killian

(a) Residence, No. **4512 Westminster Pl.** St. **17** Ward. (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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pierce D. Killian		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7th, 1876		
7. AGE YEARS 57	MONTHS 11	DAYS 15
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
	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) **Cleveland,**
 (STATE OR COUNTRY) **Ohio**

13. NAME **Daniel Kermode**

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

15. MAIDEN NAME **Martha Kirk**

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

17. INFORMANT **Jacob Ehrlich**
 (ADDRESS) **1133 Juniata Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. Peter & Paul** DATE **July 24** 19**33**

19. UNDERTAKER **Wick Bros**
 (ADDRESS) **2201 S. Grand Blvd.**

20. FILED **J. F. Buddeck**
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22nd, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 25th**, 19**33**, to **July 22nd**, 19**33**
 I last saw her..... alive on **July 21**, 19**33**. Death is said to have occurred on the date stated above, at **12:55m. P.M.**
 The principal cause of death and related causes of importance were as follows:

Acute myocarditis Date of onset **July 1**
93A
97 **93B**

Other contributory causes of importance:
Anterior tuberculosis

Name of operation **None** Date of.....
 What test confirmed diagnosis? **Clinical** 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) **Her... M. D.**
 (Address) **402 Wall Bldg**

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.

AUG 30 1933

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Dr. Moore

Wall Bldg