

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

Do not use this space.

27765

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township _____ Primary Registration District No. 100
 City St. Louis (No. Jewish Hospital) St. _____ Ward _____

File No. _____
 Registered No. 6777

2. FULL NAME

(a) Residence, No. 368 S Gore near 17th Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 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 in the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
71 1 9

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

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) Rock Island, Illinois

13. NAME John Lockwood

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

15. MAIDEN NAME Rebecca Scott

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

17. INFORMANT Norman S Bailey, Caldwell
 (ADDRESS) Valley Park - Mo

18. BURIAL, CREMATION, OR REMOVAL Bark Hill DATE Aug 5 1933

19. UNDERTAKER (ADDRESS) Parker & Sons Co
Webster Groves Mo

20. FILED J. F. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/31, 1933 to 8/3, 1933

I last saw him alive on 8/3, 1933 Death is said to have occurred on the date stated above, at 1:20 a.m.

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

Cerebral hemorrhage
Pneumonia, lobes
12 perforations
108
82A
103

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____ (Signed) Henry C. Neal, M. D.

(Address) 103 S. 10th St. St. Louis

SEP 26 1933

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.

