

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.

OCT 20 1933

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

Do not use this space.

30743

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City St. Louis Mo. (No. _____)

Registration District No. 784
Primary Registration District No. 6030

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. England & Grand St. St. Louis
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlie Warr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Farmer</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>		
13. NAME <u>Jacob</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>		
15. MAIDEN NAME <u>Hemetta Jacob</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>		
17. INFORMANT <u>Son, Geo. Warr</u> (ADDRESS) <u>St. Louis Park Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washin Park</u> DATE <u>9-11</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Primus & Calhoun</u> <u>St. Louis Mo. Box + Rm. 20</u>		
20. FILED <u>10-7</u> 19 <u>33</u> <u>Emma J. Haman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/7/33 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/4/33 1933 to 9/7/33 1933.
I last saw her alive on 9/7/33 1933. Death is said to have occurred on the date stated above, at 2:43 p.m.
The principal cause of death and related causes of importance were as follows:

<u>Epidemic Encephalitis</u>	Date of onset
<u>17</u>	<u>7</u>

Other contributory causes of importance: 17

Name of operation _____ Date of _____
What test confirmed diagnosis? Yes Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1933
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) J. P. Baugher M. D.
(Address) St. Louis, Mo.

