

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

Do not use this space.

32748ey
Dr. Newey

1. PLACE OF DEATH
 County St. Louis Registration District No. 318 File No. _____
 Township St. Louis Primary Registration District No. 2001 Registered No. 699
 City St. Louis Dr. Johns Hospital Ward _____
 2. FULL NAME Madeline
 (a) Residence, No. _____ (Usual place of abode) _____ (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John 1867
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1867
 7. AGE YEARS 66 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Del. Labor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator
 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) St. Louis Mo
 MOTHER 13. NAME Mrs. Mary C. Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Madeline Baker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Dr. Ida Baker
 (ADDRESS) St. Louis
 18. BURIAL, CREMATION OR REMOVAL PLACE St. Louis DATE 10-4-33
 19. UNDERTAKER James E. Newey
 (ADDRESS) St. Louis
 20. FILED 10-4-33 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1933
 22. I HEREBY CERTIFY That I attended deceased from Sept 27, 1933 to Oct 3, 1933
 I last saw him alive on Oct 3, 1933 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia - R. Lung
Traumatic (10/1)
 Date of onset _____
 Other contributory causes of importance:
Congestion of nose
Congestion of trach & chest
Trach 5 & 7th ribs (rib)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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) James E. Newey M. D.
 (Address) Springfield Mo

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.

NOV 10 1933

