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

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

Do not use this space.

34308

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 788 — File No.

12 Township — Primary Registration District No. 4471 — Registered No. 103

8 City Webster Groves (No. 516 Tuxedo Blvd St. Ward)

2. FULL NAME Mabel A Roy

(a) Residence, No. 516 Tuxedo, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Webster Groves, Mo.

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Roy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12th, 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
59	11	12	

OCCUPATION

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

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) Illinois

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Elma Fitter 516 Tuxedo Blvd

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE Oct 26th, 1933

19. UNDERTAKER (ADDRESS) Robt J Ambrister Inc 6633 Clayton Rd

20. FILED 10-26, 1933 Dr. A. W. Westrup S. Corlock Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11a m.

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

Date of onset

Chr. myocarditis of long standing, caused by thyrotoxicosis. Thyroid being partially removed by Dr. Willard Bartlett, some few months ago,

Other contributory causes of importance:

after destruction of heart muscle, Apparently removing of goiter had little relief thru

Name of operation Coroners View Date of

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) Luke B Timmons M.D.

(Address) 3718 Jennings Rd 10/26/33

Coroner St Louis Co Mo

the heart muscle after surgical interference, as from every evidence the surgery and removal of goiter had been delayed too long. Generalized arterio-sclerosis.

Secondary: Angina pectoris, cardiac dysponea.