

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

Do not use this space.

34595

1. PLACE OF DEATH

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

File No. _____
 Registered No. 8754

2. FULL NAME

(a) Residence, No. Myrtle Reed
 (Usual place of abode) 2626 Gambell St., 21 Ward. _____
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 6 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8, 1909</u>		
7. AGE	YEARS	MONTHS
	<u>24</u>	<u>0</u>
		<u>36</u> DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Maid</u>
	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) Miss.

13. NAME Megan Mullins

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

15. MAIDEN NAME Lavinia Garth

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

17. INFORMANT E. B. ...

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE 10-9-1933

19. UNDERTAKER Walter ...

20. FILED 2787 10-9-1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1933

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1933 to Oct 4, 1933
 I last saw her alive on Oct 4, 1933. Death is said to have occurred on the date stated above, 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs
23A
25
30
 Other contributory causes of importance:
Tuberculosis of intestines
Abdominal
Kidney

Date of onset	<u>Dec 1932</u>
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Name of operation _____ Date of _____

What test confirmed diagnosis? Specimen 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? no

If so, specify _____

(Signed) Henry J. ..., M. D.

(Address) _____

ISOLATION HOSPITAL

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

