

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.

35084

1. PLACE OF DEATH

County.....

Registration District No. 1000

Township.....

Primary Registration District No. City of St. Louis

City St. Louis (No. 40050)

Ward 19

File No. 9297

Registered No. 9297

St. _____ Ward)

2. FULL NAME

(a) Residence, No. 214 Waring St. 19 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 33

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St. James, Mo.

13. NAME Ray Dadd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James, Mo.

15. MAIDEN NAME Marie Dadd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James, Mo.

17. INFORMANT (ADDRESS) Warp Inf. Dept. City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE to Albany DATE Oct 28 1933

19. UNDERTAKER (ADDRESS) Arthur J. O'Connell, U. Co. 3000 E. 12th St. St. Louis, Mo.

20. FILED 11/10/33 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1933 to 10-27, 1933

I last saw her alive on 10-27, 1933. Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Congenital Les.
34
107A 34
Other contributory causes of importance:
Pneumonia, bronchio

Date of onset 9/17/33

10/1/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) W. J. Smallwood, M. D.
(Address) City of St. Louis

