

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County *Coch*
Township *Union*
City *St. Louis* (No. *100*)

Registration District No. *371*
Primary Registration District No. *5-5-157*

File No. *36221-2*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OF RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Widow Williamson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May-13-1889</i>		
7. AGE	YEARS <i>44</i>	MONTHS <i>6</i>
	DAYS <i>14</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)	<i>St. Louis, Mo.</i>	
MOTHER	13. NAME <i>Norace Larkburg</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
	15. MAIDEN NAME <i>Sarah Powell</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
	17. INFORMANT (ADDRESS) <i>Norace Larkburg, 11129</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE	
	19. UNDERTAKER (ADDRESS) <i>W. J. Kelley & Co., 11129</i>	
	20. FILED <i>11/29</i> 19 <i>3</i> <i>W. J. Kelley</i> Registrar	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 27*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 16*, 19*33*, to *Nov 27*, 19*33*

I last saw him alive on *Nov 27*, 19*33* Death is said to have occurred on the date stated above, *12:10 noon*

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

Influenza
Double Pneumonia
developed Nov 18, 1933

Date of onset *11/13/33*

Other contributory causes of importance:
Fourth attack of the Pneumonia in three years last past

Name of operation _____ Date of _____
What test confirmed diagnosis? *clinical* 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? *no*
If so, specify _____

(Signed) *Dra. Williams*, M. D.
(Address) *Maithland, Mo*

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.

B

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