

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

Do not use this space.
41695

1. PLACE OF DEATH

Country.....
Township.....
City.....
Registration District No. **791**
Primary Registration District No. **203**

File No. **10729**
Registered No. **10729**
St. Ward)

2. FULL NAME

(a) Residence, No. **2903** St. **Jefferson** Ward. **24**
(Usual place of abode)

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **w.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 11 - 1894**

7. AGE YEARS **37** MONTHS **5** DAYS **2** If LESS than 1 day, hrs. or min.

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) **St. Louis Mo.**

13. NAME **Walter Lawrence**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Deco**

15. MAIDEN NAME **Agnes Cliff**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Deco**

17. INFORMANT **Wasp Infants Dept of City Dept**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pickets** DATE **Fri Dec 15 1933**

19. UNDERTAKER **JAY B SMITH FUNERAL HOME** (ADDRESS) **1456 Olive St**

20. FILED **DEC 17 1933** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13 1933**

22. I HEREBY CERTIFY, That I attended deceased from **12/27**, 19**33**, to **12/13**, 19**33**. I last saw her alive on **12/13**, 19**33**. Death is said to have occurred on the date stated above, at **8:35 a.m.**

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

Rheumatic Heart Disease
Myocarditis
Chronic Myocarditis

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of operation
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) **W. H. Wood** M. D. (Address) **City, 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.

