

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.

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

791

1003

Do not use this space

42223-100

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....
(No. 1835-2 Sec 21)

File No.....
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 - 1933		
7. AGE	YEARS	MONTHS
		DAYS
		1 day
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo		
13. NAME Demi Daxley		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Lanny Hanley		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo		
17. INFORMANT (ADDRESS) Dr. J. J. Dwyer		
18. BURIAL, CREMATION, OR REMOVAL PLACE Potters Field DATE 1/9 1934		
19. UNDERTAKER (ADDRESS) Wm C McDowell		
20. FILED 35-11 1/9 1934		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1933

22. I HEREBY CERTIFY, That I attended deceased from
19....., to 19.....
I last saw h..... alive on 7-00 a.m. 19..... Death is said
to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Transition
Cont-Premature birth
159
159
Other contributory causes of importance

Name of operation..... Date of.....
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) J. J. Dwyer
(Address) 110/34

