

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1903**

City *St. Louis* (No. *City Ward #1*)

File No. **6415**
Registered No. **1242**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *6217 Vandeventer*
(Usual place of abode)

Ward. **11**

(If nonresident, give city or town and State)

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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 3 1873*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>60</i>	<i>8</i>	<i>29</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*

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) *6-7* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

MOTHER FATHER 13. NAME *Daniel Bruce*

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

15. MAIDEN NAME *Mary Netbeck*

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

17. INFORMANT (ADDRESS) *Harpur M. Dent*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla* DATE *Feb 3rd* 1934

19. UNDERTAKER (ADDRESS) *Arthur Womack, 260 9840 S. Gardner*

20. FILED *FEB 9 1934* *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 2* 1934

22. I HEREBY CERTIFY, That I attended deceased from *1/2* 1934, to *2/2* 1934

I last saw him alive on *2/2* 1934. Death is said

to have occurred on the date stated above, at *St. Louis*.

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

Bronchopneumonia Date of onset *1/23*

Other contributory causes of importance:

fibroid peritonitis
Stomach Distention

Name of operation *Salvage operation* Date of *1/29/34*

What test confirmed diagnosis *Autopsy* 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) *Henry Dent*, M. D.

(Address) *City 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.

MAR 24 1934

