

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

Do not use this space.

6710¹³¹⁴

MAR 24 1934

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis, Mo.*

(No. *500 So. Kingshighway*)

File No.

Registered No. **1561**

2. FULL NAME

Betty (Girl) M^cCarthy

(a) Residence, No. *500 So. Kingshighway* St. *Children's Hospital* Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>child</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>child</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 7, 1934</i>		
7. AGE YEARS	MONTHS	DAYS
		<i>2</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<input checked="" type="checkbox"/>
	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 *Unknown*

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

15. MAIDEN NAME *Bethel M^cCarthy*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bonne Terre Mo.*

17. INFORMANT *T. S. Hurdell*
(ADDRESS) *500 So. Kingshighway*

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE *Feb 9 1934*

19. UNDERTAKER *Body released to Dept of Pathology*
(ADDRESS)

20. FILED *of Washington University*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 9 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 8 1934* to *Feb. 9 1934*.
I last saw her alive on *Feb. 9 1934* Death is said to have occurred on the date stated above, at *8:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage Feb. 8

Other contributory causes of importance

Name of operation *lum. puncture* Date of *Feb 9 1934*
What test confirmed diagnosis? *lum. puncture* 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) *E. S. Glasscock* M. D.
(Address) *Saint Louis Children's Hospital*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

