

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

Do not use this space.

DEAR 24 1934

7400

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. Mo. State School)

Registration District No. 796
Primary Registration District No. 2039

File No.
Registered No. 23 -
St. Ward)

2. FULL NAME

(a) Residence. No. St. Pauls sup. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 19 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)

single

5X. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 15, 1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

8

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work custodial care
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14. INFORMANT

(Address) State School, Recard Marshall Mo.

15. FILED

2/13/34 1934 Blaine J. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1934, to Feb 12, 1934, that I last saw her alive on Feb. 12, 1934, and that death occurred, on the date stated above, at 6:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY) 11A influenza (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 11A

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS physical
(Signed) M. R. ... M. D.

2-12-1934 (Address) Marshall Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Louis Mo Feb 14 1934

20. UNDERTAKER ADDRESS

W. W. Coopers Marshall 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.

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