

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.

APR 25 1934

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

Do not use this space.

PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 2304a S. Broadway)

Registration District No. 791
1003
Primary Registration District No.
2304a S. Broadway

File No. 10632
Registered No. 2452
St. Ward)

2. FULL NAME Cora E. Gamache
(a) Residence, No. 2304a S. Broadway St. 23 Ward.
(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4th, 1870
7. AGE YEARS 64 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th, 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1934, to March 9, 1934
I last saw her alive on March 9, 1934. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

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

Chronic Endocarditis. Date of onset 1-9-33
17481
Other contributory causes of importance: cardiopathy of liver 6-10-33
(hypertrophic)

12. BIRTHPLACE (CITY OR TOWN) Hematite, Missouri
13. NAME Thomas Null
14. BIRTHPLACE (CITY OR TOWN) Hematite, Missouri

Name of operation none Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME Liza Pinson
16. BIRTHPLACE (CITY OR TOWN) Rolla, Missouri
17. INFORMANT Thomas Gamach
(ADDRESS) 2304 S. Broadway

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury.....
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.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Hematite, Mo. DATE March 12, 1934
19. UNDERTAKER Wick Bros
(ADDRESS) 2201 S. Grand Boulevard
20. FILED..... 19..... J. F. Bredeck
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) John W. Maudsoll, M. D.
(Address) 539 N. Grand

Humboldt Bay

11 am