

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Boachin Primary Registration District No. 8675
City (No. _____) _____ St. _____ Ward _____

File No. 13337
Registered No. 35

2. FULL NAME

(a) Residence, No. Crystal City, Mo. 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. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Colo 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Casey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. or . min.
49 11 8 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Louswife
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 _____

OCCUPATION

MOTHER FATHER

17. INFORMANT

(ADDRESS) Jennie Majors
716 N. Olive St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill Cem. Evansville, Ind. DATE 7-21-1934

19. UNDERTAKER

(ADDRESS) W. F. Bauer, Ltd.
Crystal City, Mo.

20. FILED

May 1 1934 J. E. Rutledge
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1934

22. I HEREBY CERTIFY, that I attended deceased from April 1, 1934, to April 17, 1934
I last saw her alive on April 15, 1934 Death is said to have occurred on the date stated above, at 8:32 A.M.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver Date of onset _____
Arteriosclerosis _____
Other contributory causes of importance: plus

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. _____

Character of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) A. P. Smith, M. D.
(Address) St. Louis, 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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