

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 St. Louis
Township
City St. Louis Mo (No. 919)

Registration District No. 791
Primary Registration District No. 1003

File No. 14465
Registered No. 3641
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Waynesville Mo Waynesville Mo Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 13 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Houston Morrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
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) Waynesville Mo.

13. NAME Mr Jeremiah C. Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McLeansboro Ill.

15. MAIDEN NAME Mary Agnes Page

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McLeansboro Ill.

17. INFORMANT (ADDRESS) Mr Houston Morrow
Waynesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Piney Mo DATE April 13 34

19. UNDERTAKER (ADDRESS) Albert W. Hopps
429 N. 7th St.

20. FILED 17 1934 J. J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30 1934 to 4/10/34 1934
I last saw h. or alive on 3/10 1934 Death is said

to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis, purgation, pharyngitis
Cholecystitis
Date of onset 12:00 P.M. 3/30/34

Other contributory causes of importance:
Infarcts of each lung
Fatty degeneration of liver & heart muscle
Name of operation drainage of gall bladder Date of 4/7/34
What test confirmed diagnosis? X-ray 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? no
If so, specify _____
(Signed) Madison T. Abbott, M. D.
(Address) Metrop. Bldg
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.

IND JOURNAL

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 3641 (St. Ward)

2. FULL NAME

(a) Residence, No. 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.

Mary Agnes Morrow

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
I last saw h... alive on... 19... Death is said to have occurred on the... m.
The principal cause of death and related causes of importance were as follows:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Date of onset

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

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

Rectal stones from gall stones
Cholecystitis
Empyema caused gangrene
Other contributory causes of importance: (Cause of empyema unknown)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 6-16-1934 J. J. Bredek

Name of operation Drainage of Gall bladder 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.

Manner of injury...
Nature of injury...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Hudson Sabbath M. D.
(Signed) metrop Bldg
(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-14465