

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 Camden  
City North (No. ....)

Registration District No. 1123  
Primary Registration District No. 24803

File No. 15322  
Registered No. 121  
St. .... Ward

## 2. FULL NAME

(a) Residence, No. 5417 Cherry St., Ward. St. Louis 1mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. W. Cole</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5 - 1870</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>5</u>	DAYS <u>10</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>
	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 <u>39</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo13. NAME mrh14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo15. MAIDEN NAME mrh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT (ADDRESS) Robt. Kohl Hosp. Records18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis mo DATE April 18, 193419. UNDERTAKER (ADDRESS) John P. Callins20. FILED 4-17 1934 034 Date mo Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to April 15, 1934I last saw her alive on April 15, 1934 Death is saidto have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset2 1/21 1/21 1/2

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis negative Was there an autopsy? no

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) R. E. Gore M. D.(Address) Robt. Kohl HospitalSt. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

