

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

Do not use this space.

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1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **Mo. Pacific Hospital**)

File No. **5995**

Registered No.

2. FULL NAME

(a) Residence, No. **1036 Lamm St.** **23** Ward.

(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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 10 - 1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **17 4 8**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Walnut Ridge Ark.**

13. NAME **John W. Houston**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Estery Ark.**

15. MAIDEN NAME **Myrtle Erwin**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Strawberry Ark.**

17. INFORMANT (ADDRESS) **John W. Houston 1036 Lamm St**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Lakewood Ark June 20, 1934**

19. UNDERTAKER (ADDRESS) **D. W. McLaughlin 2391 Lafayette**

20. FILED **June 18, 1934 J. Biebeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17, 1934**

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on... 19... Death is said to have occurred on the date stated above, at... m.

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

Fracture of skull (Base) fracture 3rd cervical vertebra received when chain on tail gate of auto struck on which
Other contributory causes of importance: **she was riding, broke causing her to fall to road near House Springs, Mo.**

Name of operation **Accident** Date of... **6/17/34**

What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **6/17, 1934**

Where did injury occur? **House Springs, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Fall from auto**

Nature of injury **Fractured skull**

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

If so, specify... (Signed) **John C. Sweaney, M.D.**

(Address) **Westly, 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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