

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.

66
AUG 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township Richards
City St. Louis (No. 1)

Registration District No. 562
Primary Registration District No. 5757

File No. 25549
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

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>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joel Atwell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26-1856</u>		
7. AGE <u>78</u>	YEARS <u>5</u>	MONTHS <u>8</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>
13. NAME <u>Lee</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Donal-hurd</u>
15. MAIDEN NAME <u>Marion Marchant</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>
17. INFORMANT <u>Mrs. Chas. Thomas</u> (ADDRESS) <u>St. Louis, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>buried</u> PLACE <u>Hawlock, Mo.</u> DATE <u>Jul. 7, 1934</u>
19. UNDERTAKER <u>C. L. Casey</u> (ADDRESS) <u>St. Louis</u>
20. FILED <u>Aug 8, 1934</u> <u>Mrs. W. A. Dowd</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-6-1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1933, to July 6, 1934
I last saw him alive on June 4, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Mitral insufficiency
Date of onset _____

Other contributory causes of importance: 92a

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. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. W. Duncan, M. D.
(Address) St. Louis, Mo.

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