Dr Walther

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 7 — File No. 26320
Township Central — Primary Registration District No. 6033 — Registered No. 214
City Overland (No. ..... , ... St. ..... Ward)

2. FULL NAME VENORA NAOMI FERRIS
(a) Residence, No. 9502 Tennyson St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 28. 1929
7. AGE: YEARS 4 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nil
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): Vigus, Mo

FATHER
13. NAME: Wm Ferris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jake Prairie, Mo

MOTHER
15. MAIDEN NAME: Lydia Deppleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tea, Mo

17. INFORMANT (ADDRESS): Wm Ferris, 9502 Tennyson
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Bud, Mo DATE Jul. 21 1934
19. UNDERTAKER (ADDRESS): Baumann Bros Inc, 2504 Woodson Rd. Overland, Mo
20. FILED 7-20- 1934 H A Boehmer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July. 19, 1934
22. I HEREBY CERTIFY, That I attended deceased from July. 18, 1934, to July 19, 1934
I last saw her alive on July 19, 1934. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-17-34
Other contributory causes of importance: Whooping Cough	3 wk.

Name of operation: none — Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify
(Signed) Roy A. Walther, M. D.
(Address) Overland, Mo.

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

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.

AUG 1 6 1934