

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

Do not use this space.

26830

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Missouri Baptist Hosp.** St. _____ Ward _____)

File No. _____
 Registered No. **7059**

2. FULL NAME

Ada Florence
 (a) Residence, No. **1321 Deyer**, St. **23** 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 31, 1893**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 11 15

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.

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) **Missouri**

13. NAME **Joseph Young**

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

15. MAIDEN NAME **Rittan Turley**

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

17. INFORMANT (ADDRESS) **Nicholas Florence 1321 Deyer St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Hammond July 18, 1934**

19. UNDERTAKER (ADDRESS) **D. W. M. Becklin 2501 Lafayette Ave.**

20. FILED 19 **July 18, 1934**

Joe H. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 16, 1934**

22. I HEREBY CERTIFY That I attended deceased from **May 14, 1934** to **July 16, 1934**
 I last saw her alive on **July 16, 1934** 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:

hypertension of the thyroid
metastasis to lungs
Explosion
 Other contributory causes of importance **53**

Name of operation **Explosion** Date of _____
 What test confirmed diagnosis? **X-ray** 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 **1934**

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) **J. H. Keatt**, M. D.
 (Address) **2501 Lafayette Ave.**

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 16 1934

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St. Louis.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

7059

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ada Thomure
 Who died at _____ on July - 16 - 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 40 Months 11 Days 15

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
 Birthplace (State or country) _____
 Birthplace of father (State or country) _____
 Birthplace of mother (State or country) _____
 Principal cause of death: _____

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 Name of physician _____
 Address of physician _____

Signature of Registrar Dr. J. F. Prudefoot Date filed 7-17-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 991

Primary Reg. Dist. No. 1003

Very truly yours,

E. T. McGaugh, M.D.
Special Agent.

5-24830