

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

Do not use this space.

31134

1. PLACE OF DEATH

SEP 13 1934

791

County.....

Registration District No. 1003

File No.....

Township.....

Primary Registration District No.

Registered No. 8431

City.....

(No. *St. Louis*) *Zimmer Desloge Hosp.*

St. Ward)

2. FULL NAME.....

Mrs. Mable Van Doren

(a) Residence, No. *3608 Castleman St.* Ward. *17*

(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 (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John C. Van Doren*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS *53* MONTHS *11* DAYS *23* If LESS than 1 day, hrs. or min.

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) *Kirkville Mo.*

13. NAME *John P. Holmes*

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

15. MAIDEN NAME *Mary Sneed*

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

17. INFORMANT (ADDRESS) *Roberta Vaughan 3608 Castleman*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Lebanon* DATE *Sat Aug 18 1934*

19. UNDERTAKER (ADDRESS) *Jay B Smith Funeral Home 77456 Manchester*

20. FILED *117* 19 *J. B. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from *8/8/34*, 19, to *8/16/34*, 19.

I last saw her alive on *8/15/34*, 19. Death is said to have occurred on the date stated above, at *4:15 A.M.*

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

*Septicemia result of abscess
franchypneumonia*

Other contributory causes of importance:
*Diabetes, hypertension,
Chronic nephritis, pleural
abscess (minor skin infection
Cause unknown)*

Name of operation..... Date of operation.....

What test confirmed diagnosis? *P.M.* Was there an autopsy? *Yes*

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. Hartnett*, M. D.

(Address) *1325 S. Grand*

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

