

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

Do not use this space.

44380

JAN 23 1934

1. PLACE OF DEATH

96 County Douglas Registration District No. 790
Township Clinton Primary Registration District No. 60332
City Clayton (No. 7677 Malvina Terrace) St. _____ Ward _____

File No. _____
Registered No. 433

2. FULL NAME

(a) Residence, No. 7632 Malvina Terr St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to Dec 28 Malvina Terrace, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 8 - 1881

I last saw her alive on Dec 28, 1934 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 20

to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Lobar Pneumonia Date of onset 12-20/34

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

103

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

13. NAME Walter H. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Annison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Walter E. Garlton
7632 Malvina Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Maus. DATE Dec 31, 1934

19. UNDERTAKER (ADDRESS) W. Brown L. Lila
2707 N. Grand St.

20. FILED 12/31, 1934 Robert Jambrodt Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None, 19____
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) M. J. Jacobs, M. D.
(Address) 1310 E. 205 Olive St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement to be given in plain terms. Exact statement to be given in plain terms.

12-20-34

