

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.

FEB 20 1935

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

Do not use this space.

181

1. PLACE OF DEATH

County St. Louis
 Township St. Louis
 City St. Louis (No.)

Registration District No. 80
 Primary Registration District No. 3-121

File No.
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Edward J. Secand</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/11/1849</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. of min.
<u>85</u>	<u>85</u>	<u>7</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Keokuk</u>				
FATHER	13. NAME <u>Charles Foxstreet</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk</u>			
MOTHER	15. MAIDEN NAME <u>Lucy M. Lee</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk</u>			
17. INFORMANT (ADDRESS) <u>St. Louis, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE		DATE		
<u>Fraser</u>		<u>1/17 35</u>		
19. UNDERTAKER (ADDRESS) <u>St. Louis, Mo.</u>				
20. FILED <u>Jan 17, 1935</u> <u>Mrs. Lucy Bonnell</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1935, to Jan 16th, 1935.
 I last saw him alive on Jan 15th, 1935. Death is said to have occurred on the date stated above, at 6:45 A. M.

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

Tobacco Poisoning
 Date of onset

Other contributory causes of importance:

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) J. C. Stearns, M. D.
 (Address) St. Louis, Mo.

