

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.

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

Do not use this space.

FEB 19 1935

1482

1. PLACE OF DEATH

County Cassion Registration District No. 399
Township Raw Primary Registration District No. 1002
City St. Louis (No. St. Marys Hospital)

File No. _____
Registered No. 348
St. 0 Ward 0

2. FULL NAME

(a) Residence, No. 3104 Montgale 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 Male 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) February 18-1916
7. AGE YEARS 18 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1935
22. I HEREBY CERTIFY That I attended deceased from January 12, 1935, to Jan-28, 1935
I last saw him alive on Jan-22, 1935 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at school
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Lobar Pneumonia Date of onset _____
Other contributory causes of importance: _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Lee Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Mayme Suter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No.

17. INFORMANT Lee Wood
(ADDRESS) 3104 Montgale Kansas City Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Missouri DATE January 24, 1935

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.

19. UNDERTAKER John Sheehan
(ADDRESS) 14316 Wood Ave Kansas City Mo
20. FILED Jan 23, 1935 M. M. Larson Registrar.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Santhilley, M. D.
(Address) 713 West 11th St. Kansas City, Mo.

