

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

Do not use this space.

6460

MAR 28 1935

1. PLACE OF DEATH

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

Registration District No. 708
Primary Registration District No. 59376

File No.
Registered No. 3
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>John W. Dewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9-1873</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>3</u>	DAYS <u>3</u>
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>Kansas</u>
13. NAME <u>Albert Pettet</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
15. MAIDEN NAME <u>Mary Dewart</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
17. INFORMANT (ADDRESS) <u>G. A. Schooley</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dayne</u> DATE <u>2/13</u> 19 <u>35</u>
19. UNDERTAKER (ADDRESS) <u>Hutcherson - Blue</u> <u>Bolivar Mo</u>
20. FILED <u>Feb 26, 1935</u> <u>Mal Zimmels</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 19...., to Feb 12, 19....

I last saw him alive on Feb 7, 1935 Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Lympho Sarcoma
(retroperitoneal)

Date of onset

?

Other contributory causes of importance:

Name of operation W/O Date of W/O

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, 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? No

If so, specify

(Signed) Doyle W. Bolivar, M. D.

(Address) Bolivar Mo

