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.

~~#15~~ APR 9 1935

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

Do not use this space.

10905

791

1003

File No.

Registered No. 2532

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Mo. (No. 630 Koeln Ave. St. Ward)

2. FULL NAME Perna Anna Farrior

(a) Residence, No. 2300A S. Broadway St., 23 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

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 Farrior

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13-1869

7. AGE ~~66~~ YEARS 65 MONTHS 4 DAYS 2 If LESS than 1 day, 8.42 hrs. or 8.4 min.

OCCUPATION

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. Home

10. Date deceased last worked at this occupation (month and year) March 11-1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Kentucky

FATHER

13. NAME Jose Stone

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

MOTHER

15. MAIDEN NAME ~~Perna Anna Stone~~

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

17. INFORMANT (ADDRESS) ~~23~~ John Farrior 2300 A S. Bwd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 3/18/35 19

19. UNDERTAKER (ADDRESS) Wick Bro. 412 Duchoquette

20. FILED MAR 17 1935 Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935, to March 15, 1935

I last saw her alive on March 15, 1935. Death is said to have occurred on the date stated above, at 8.40 a.m.

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

	Date of onset
Grip	about March 1st
Other contributory causes of importance:	
Broncho Pneumonia	March 12

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) Adam Ellmungman, M. D.

(Address) 5439 Bronx