

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.

MAY 4 JUN 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13977

1. PLACE OF DEATH

County Ralls
 Township Gaventon
 City St. Louis (No. St. Ward)

Registration District No. 726
 Primary Registration District No. 0908

File No.
 Registered No.

2. FULL NAME

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

St. Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Tiff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 1846</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>3</u>	DAYS <u>9</u>
If LESS than 1 day, ... hrs. min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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>Naples Illinois</u>
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13. NAME <u>No data</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data</u>
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15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data</u>
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17. INFORMANT (ADDRESS) <u>Mrs. Delbert Lee (Grand-daughter)</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marble Creek</u>
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DATE <u>April 6, 1935</u>

19. UNDERTAKER (ADDRESS) <u>Wm. M. Smith</u>

20. FILED <u>Apr 8 1935</u>

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 193522. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 3 1935I last saw him alive on April 3 1935 Death is saidto have occurred on the date stated above, at 4:20 a.m.

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

Chronic myeloiditis

Date of onset

Other contributory causes of importance:

SchistoceraArteriosclerosisName of operation cler Date of 9What test confirmed diagnosis? cler 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

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. H. Keck M. D.(Address) 1001 BradyNonresident

