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.

JUN 4 1935

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

Do not use this space.

14243

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033c — Registered No. 141
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Maurine Overbey (baby girl)
(a) Residence, No. 728 Southwest Ave St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) Apr. 10, 1935
7. AGE YEARS 0 MONTHS 8 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) St. Louis Co.

FATHER
13. NAME Thomas Overbey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER
15. MAIDEN NAME Margaret Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Mo.

17. INFORMANT (ADDRESS) Frank Overbey 728 Southwest Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Huntington Mo. DATE Apr 26 1935
19. UNDERTAKER (ADDRESS) J. J. Lucas 1522 N. Grand
20. FILED 4/24 1935 Robt J. Anhrusber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10-1935, to 4-24-1935
I last saw her alive on 4-24, 1935. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia — bilateral, terminal	

Other contributory causes of importance:
Cord hemorrhage — antefortum malnutrition c̄ vomiting

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) P. G. Buss, M. D.
(Address) St. Louis Co. Hosp., Clayton, Mo.