

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.

JUN 12 1935

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **5827**) **Etzel**

17796
File No.
Registered No. **4106**
St. Ward)

2. FULL NAME

Sarah Jane Doll
(a) Residence, No. **5827** **Etzel** - St. **5** 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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis Doll**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30, 1848**

7. AGE YEARS **86** MONTHS **9** DAYS **25** If LESS than 1 day,hrs. ormin.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**
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) **Vincennes Indiana**
(STATE OR COUNTRY)

FATHER
13. NAME **David Bishop**

14. BIRTHPLACE (CITY OR TOWN) **Pa.**
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Elizabeth Thompson**

16. BIRTHPLACE (CITY OR TOWN) **Pa.**
(STATE OR COUNTRY)

17. INFORMANT **Miss Bird Doll**
(ADDRESS) **5827 Etzel Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Vincennes Ind.** DATE **May 7, 1935**

19. UNDERTAKER **Shepard Funeral Home**
(ADDRESS) **1167 69 Hamilton Ave.**

20. FILED **MAY 11 - 6 1935** **J. J. Beck**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 27, 1934** to **May 5, 1935**
I last saw her alive on **April 20, 1935**. Death is said to have occurred on the date stated above, at **2:45 P.M.**
The principal cause of death and related conditions of importance were as follows:
Acute dilatation of heart from chronic myocarditis

Other contributory causes of importance:
Chronic interstitial nephritis & abdominal tumor Benign

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 **D. A. Thomson**, M. D.
(Signed) **D. A. Thomson**
(Address) **3121 N Grand St.**

3/21

10-10-2-11