

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.

JAN 13 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City **Saint Louis**

Registration District No. **791**  
**1003**  
Primary Registration District No. *Missouri Baptist*

File No.....  
Registered No. **4342**  
St. .... Ward)

2. FULL NAME **Edna Margaret Palmer**

(a) Residence, No. .... St., **NR** Ward. *St Clair Mo*  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. **3** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ervin Palmer</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 25, 1901</b>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>33</b>	<b>7</b>	<b>17</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Shoe Worker</b>			
	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) <b>April, 1935</b>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Robertsville, Mo.</b>				
FATHER	13. NAME <b>James T. Ryan</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Robertsville, Mo</b>			
MOTHER	15. MAIDEN NAME <b>Emma Claspill</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>			
17. INFORMANT <b>Lee Lindsey</b> (ADDRESS) <b>St. Clair, Mo.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Clair, Mo.</b> DATE <b>May 15</b> '35				
19. UNDERTAKER <b>Wm. Casey &amp; Co</b> (ADDRESS) <b>St. Clair, Mo.</b>				
20. FILED BY <i>J. W. Brudick</i> Date <b>14 10 35</b> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-13-1935**

22. I HEREBY CERTIFY, That I attended deceased from **5-10**, 1935, to **5-13**, 1935  
I last saw her alive on **5-10**, 1935. Death is said to have occurred on the date stated above, at **12:30** p.m.  
The principal cause of death and related causes of importance were as follows:  
**Diffuse peritonitis following operation for drained abscess vesico vaginal abscess**  
Other contributory causes of importance:  
**Non-puerperal Non-Typhoidal Non-Veneral cause unknown**

Name of operation **Drained abscess** Date of **5-10-35**  
What test confirmed diagnosis? **Cult. neg.** Was there an autopsy? **yes**

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) **W. M. Winn**, M. D.  
(Address) **413 Wall Bldg**

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