

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.

you  
408  
St. Louis  
1935  
JUL 23 1935

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

Do not use this space.

20920

1. PLACE OF DEATH

County St. Louis Registration District No. 788  
Township Central Primary Registration District No. 4471  
City Bronwood W. Grove No. 1076 Brazean Ave

File No. \_\_\_\_\_  
Registered No. 62  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nannah Null

(a) Residence, No. 1076 Brazean St. \_\_\_\_\_ 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Curtis Null</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 1856</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>			
	13. NAME <u>Mitchell Glubchette</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
FATHER	15. MAIDEN NAME _____			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Nattan C Null</u> (ADDRESS) <u>1076 Brazean</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>House Springs</u> DATE <u>6-15-1935</u>				
19. UNDERTAKER <u>Lewis N Bopp</u> (ADDRESS) <u>Kirkwood Mo</u>				
20. FILED <u>6/13 1935</u> <u>Jules H. Jure</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935, to June 12 1935  
I last saw her... alive on June 13 1935. Death is said to have occurred on the date stated above, at 6:05 A.M. (6:05 AM)  
The principal cause of death and related causes of importance were as follows:  
Mitral insufficiency Date of onset \_\_\_\_\_  
Distal

Other contributory causes of importance: \_\_\_\_\_  
Distal

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) R. H. Williams, M. D.  
(Address) 921 N. Rock Hill  
St. Louis Mo

