

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.

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City S. T. LOUIS (No. FIRMIN DESLOGE HOSPITAL)

Registration District No. 791
Primary Registration District No. 1003

File No. 24539
Registered No. 5923
Ward

2. FULL NAME

(a) Residence, No. NR St. NR Ward. POTOSI, MO.
(Usual place of abode)

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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Warden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1919

7. AGE YEARS 16 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year) MAY 1935 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo.

FATHER 13. NAME Corean Samble

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

MOTHER 15. MAIDEN NAME Pearl Selmer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

17. INFORMANT Henry Warden (ADDRESS) Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manly DATE July 11 1935

19. UNDERTAKER Sparks Potosi Mo (ADDRESS) Bradley

20. FILED 110 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/7 1935 to 7/10 1935

I last saw h. e. r. alive on 7/10 1935 Death is said to have occurred on the date stated above, at 9:50 A. m.

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

Abscess of left lower portion of abdominal cavity. Multiple abscesses of lungs. Infarcts of spleen. Cystitis. Septicemia.
Origin of infection probably from intestine but definite connection was not shown.
Other contributory causes of importance: Cystitis-nephritic. Hemorrhagic abscess. Non S.B. Non haemetic cause unknown.

Date of onset

Unknown

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following: No
Accident, suicide, or homicide? Date of injury..... 19

Where did injury occur? 7
(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) G. O. Brown M. D.
(Address) FIRMIN Desloge Hospital
1325 S. Grand Blvd.

