

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.

AUG 9 1935

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

791
1003

Do not use this space.

24855

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis, Mo.* *St. Louis Children's Hosp.* St. *Ward*

File No.....
Registered No. *6258*

2. FULL NAME

(a) Residence, No. *211 Walnut* St. *N.R.* Ward. *Olney, Ill.*
(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>9-29-32</i>				
7. AGE	YEARS <i>2</i>	MONTHS <i>9</i>	DAYS <i>24</i>	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) <i>Chief</i>			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Olney, Ills.</i>				
FATHER	13. NAME <i>Telford</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Olney, Ills.</i>			
MOTHER	15. MAIDEN NAME <i>Neva Glay come</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Olney, Ills.</i>			
17. INFORMANT <i>St. Louis Children's Hosp.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Olney, Ill.</i> DATE <i>July 25/35</i>				
19. UNDERTAKER (ADDRESS) <i>Gas. W. Clark, 2125 Hodgson Ave.</i>				
20. FILED <i>JUL 23 1935</i> <i>J. B. Redick</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-23-35*

22. I HEREBY CERTIFY, That I attended deceased from *7-12-35*, 19*35*, to *7-23-35*, 19*35*. I last saw *her* alive on *7-23-35*, 19*35*. Death is said to have occurred on the date stated above, at *1:25 PM*. The principal cause of death and related causes of importance were as follows:
Lymphatic leukemia. Staphylococcus septicaemia caused by leukemia. Date of onset *7/20*

Other contributory causes of importance:
Pulmonary abscess - Caused by leukemia & septicaemia - non-tubercular non-traumatic

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *No.*

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) *A. K. Shelton*, M. D.
(Address) *500 S. 10th Highway*

