SEP 16 1935

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

Do not use this space.

28036

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 7116

2. FULL NAME Violet Myrtle Housworth

(a) Residence, No. ..... St., NR Ward. Glenstead, 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camdon Co Mo

FATHER

13. NAME T. L. Housworth

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

MOTHER

15. MAIDEN NAME Ame Ash

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

17. INFORMANT (ADDRESS) T. L. Housworth Versailles Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Versailles Mo DATE Aug 24th 1935

19. UNDERTAKER (ADDRESS) Albert H Hoffe Inc 429 No Euclid Ave

20. FILED AUG 22 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to Aug. 21, 1935

I last saw her alive on Aug 21, 1935 Death is said to have occurred on the date stated above, at 1 45 P m.

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

Pulmonary Tuberculosis — Date of onset 6 years ago

Other contributory causes of importance:

Name of operation Thoracoplasty — Date of 7-25-35 8-16-35

What test confirmed diagnosis? Autopsy 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? .....

If so, specify .....

(Signed) Robert S Smith, M. D.

(Address) Barnes Hospital

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.